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Epidemiology

CENTRAL EURASIA

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RUSSIA

Epidemiology Committee Gives Disease Statistics for 1993

94WE0087A Moscow *RABOCHAYA TRIBUNA*
in Russian 26 Oct 93 p 3

[Article: "When it Rains, it Pours"]

[Text] The epidemiological situation in Russia is unfavorable—such is the conclusion of the RF State Committee for Sanitary-Epidemiological Oversight, which analyzed reports from public health services of all of the country's regions over the past 9 months. In this connection Yelena Kotova, chief of the state committee's epidemiological department communicated the following:

TYPHOID FEVER. Morbidity increased by 132 percent in comparison with the same period of last year. The two largest outbreaks were in Dagestan (the Caspian region) and Volgograd (the South of Russia). Six hundred twenty-one persons suffered. The cause—accidents involving water supply networks.

DYSENTERY. Morbidity increased by 20 percent. Twenty-five outbreaks were noted, primarily in Astrakhan and Leningrad oblasts, Kalmykia, Khankaya, Komi and Northern Ossetia. Two thousand four hundred persons suffered.

DIPHTHERIA. Morbidity is assuming a serious clinical epidemic nature. Just since the beginning of the year 5,888 persons have suffered this illness in Russia, 129 of whom have died.

MEASLES AND WHOOPING COUGH. Morbidity increased by 200 percent and 29 percent respectively.

CHOLERA. Twenty-one patients and eight carriers have been registered. Of them, 16 patients and five carriers "imported" this disease from India and Pakistan.

Antiplague Institute Official Reports Disease Outbreaks

94WE0066G Moscow *SELSKAYA ZHIZN* in Russian
9 Oct 93 p 9

[Interview with Dr Med Sci Vitaliy Ivanovich Yefremenko, professor, director, Stavropol Plague Scientific Research Institute, by correspondent Aleksandr Bykov; place and date of interview not given: "Cholera on the Doorstep: It Had to Appear, Because Conditions for These and Other No Less Frightening Diseases Are Being Created"]

[Text] An unexpected phone call from Nalchik brought bad news. Anthrax was discovered in a certain rayon of Kabardino-Balkaria, and several persons had been hospitalized. Interrupting his interview, right then and there Vitaliy Ivanovich Yefremenko began organizing an immediate trip by a team of specialists to the place. All I could do was wait, pondering how quickly and simply life sometimes dispels all doubts. Just a minute ago I hadn't been fully certain whether we really had to discuss unpleasant things like plague, cholera and anthrax before

readers who are already troubled enough as it is. The incident convinced me: Yes, we had to! All the more so because Doctor of Medical Sciences V. I. Yefremenko, a professor and director of the Stavropol Plague Scientific Research Institute, consented to even answer questions that journalists were not allowed to ask of such a scientific research institute just recently.

[Bykov] Vitaliy Ivanovich, I must admit that I had wanted to begin our conversation with the recent cholera outbreak in Kazakhstan. But it seems that we need not go so far for examples.

[Yefremenko] Unfortunately, that's true. The epidemic situation is extremely unstable today in the south of Russia, and especially in the Northern Caucasian region. A little over 2 years ago cholera visited Stavropol, and quite recently, Krasnodar, Rostov, Makhachkala. We had to fight anthrax in Karachayevo-Cherkessia, and now in Kabardino-Balkaria. The incidence of leptospirosis has increased in the Kuban region. There is a very complex situation regarding brucellosis and tularemia—highly dangerous diseases, though sometimes they aren't perceived to be so by the layman. Finally, six of Russia's natural plague foci are located in the Northern Caucasus. Take a look at the map—they're all marked. In the Elbrus vicinity in particular, over there, can you see?

[Bykov] Yes, I see. And honestly I feel extremely uneasy. Isn't it like we're living on a volcano?

[Yefremenko] When epidemiological observation and reconnaissance are constantly maintained, when monitoring is organized, when disease-carrying rodents are destroyed and preventive work is carried out within the population, the danger of a plague outbreak is relatively low. In any case God has been kind to us for over 40 years. But we shouldn't of course become complacent. It is the objective of our institute, and of the state sanitary-epidemiological service as well, to take the most decisive steps in response to the slightest suspicion. Recently for example, specialists had to make an urgent trip to a certain eastern rayon of Stavropol Krai, where the body of a man was discovered in the steppes on territory that is epizootic in relation to plague. As it turns out, the person had been wandering, and simply froze. But this doesn't mean that the trip and the inspection were unnecessary.

[Bykov] But this is improbably difficult—monitoring the situation on a territory commensurate with the territories of certain European states!

[Yefremenko] Difficult it may be, but our scientific research institute, which is one of five Russian regional institutes of this profile, exists precisely for the purpose of ensuring epidemic safety. That's first. And second, you mustn't think that all of the work is done from here, out of Stavropol. Plague stations are operating in Novorossiysk, Nalchik and Makhachkala, there is a branched network of plague departments, and special detachments are working locally.

[Bykov] By the way, Vitaliy Ivanovich, why are all of these subdivisions, including the head institute, called plague institutions? Don't you deal with other dangerous diseases as well?

[Yefremenko] This is probably done out of tradition. In the past, plague was the most menacing danger, and in addition, our institute developed out of a plague station established back in 1933. Today we are in fact dealing with cholera, anthrax and brucellosis. Moreover life is forcing us to join the fight against viral diseases such as influenza, hepatitis and others. It was for this purpose that the institute organized a virological laboratory. We provide what help we can to AIDS prevention centers as well.

[Bykov] In other words you are widening the front of the struggle against diseases, so to speak. But not only are they not intending to retreat—on the contrary they are gathering strength. What's it worth talking about influenza if even newspaper reports about cholera or anthrax have ceased to be sensational!

[Yefremenko] That's all true. But let's think about why this is happening. On one hand there are an enormous number of people today who are not getting complete, balanced nutrition, while some simply don't get enough to eat. Add to this the present commonly known woes of our public health, and the best possible conditions for growth of disease become obvious. But there is another side as well. I am referring to the atmosphere of anarchy, all-permissiveness and lack of control reigning in the country, sharply intensifying the risk.

[Bykov] Can you please give an example?

[Yefremenko] I can give you as many as you want! The danger of contracting anthrax has always existed. Its agent can survive for a very long time in what is known as its spore form, and all you need is to have a rainstorm or a mud flow expose a livestock burial site. Before, a sufficiently dependable barrier was maintained first by vaccinating farm animals and second by inspecting meat brought in for sale and processing. But now, not only private owners but commercial farmers are "economizing" on immunizations, and meat could be sold right on the street, without having undergone laboratory inspection. This was approximately the scenario of the recent infection of a couple of dozen people by anthrax in Karachayevo-Cherkessia's Adyg-Khabl'skiy Rayon.

[Bykov] So what about cholera? As far as I know it is brought to us from far away. Imported, so to speak.

[Yefremenko] Yes, chiefly from Asian countries—Pakistan, Syria, India. But even here we can observe disregard for elementary requirements, shortcuts and other efforts at "economization." Going abroad, our homemade businessmen, whose numbers are now impossible to count, deprive themselves of normal life, food and drink in their race for profit. Just one swallow of infected water is all it takes to bring cholera back to the homeland. By the way, despite their large numbers, Muslim pilgrims, for whom normal living conditions are created in Saudi Arabia, have never brought us any trouble.

[Bykov] I heard a tragicomic story in your institute about two businessmen who had picked up cholera vibrio in foreign lands escaping from the hospital in Krasnodar after changing their identities. They didn't feel like lying around, and so they left to make more money. Do people really not understand that we are talking about a serious threat to both health and life itself?

[Yefremenko] Some don't understand. Others follow the old Russian "It'll never happen to me" philosophy. But there are also those who are forced to risk their health and life due to circumstances beyond their control. I am referring to refugees, who have flooded our region. Poor, deprived of all basic necessities, and at the same time actively moving from place to place, they are a source of special danger. I'm not talking just about the diseases named above in this case. Can we exclude, for example, outbreaks of typhus if pediculosis has become a common thing? Unfortunately, no.

[Bykov] Are you saying that what we have here is a "risk group" in the flesh?! And what about the relatively better-off strata and categories of the population, who among them suffers more, those living in the cities or in the countryside? Or can you put the question this way?

[Yefremenko] In general, disease doesn't ask you where you come from. All the more so if you consider the density of the migration flows, the high mobility of the entire population, and the transparency of the borders. But if we consider the personal or domestic level, then a herder working within a natural plague focus risks more than an urban dweller. Though less than a careless, poorly equipped tourist. Country dwellers probably also have a greater risk of anthrax infection because they work with farm animals. However, infected meat could be sold in the city as well. Perhaps the only uncontested "rural" disease is brucellosis. Rural inhabitants should protect themselves from it especially carefully, and not treat it as something harmless. A frightening disease!

[Bykov] Does your warning mean that saving the drowning is a task primarily of the drowning themselves?

[Yefremenko] There's nothing wrong with being extra cautious. Or with listening to the advice of specialists. Though of course they may also label immunizations as a bad thing. But then there's no reason to be amazed that the number of cases of, let us say, diphtheria is growing. However, despite all of this, prevention of dangerous diseases, efficient detection of sources and foci, treatment of patients and prevention of epidemics are naturally national tasks. And it is no accident that we are now developing a regional program against especially dangerous infections encompassing all of the south of Russia. We are also raising the question of organizationally unifying the plague service with the sanitary-epidemiological service. But we, like everyone else, have many problems.

[Bykov] Money?

[Yefremenko] Not just that, although financing is one of the most painful issues. Consider what seems like a simple thing—an on-site visit by our specialists. This has become

simply dangerous to life when it comes to Chechen, Ingushetia or Northern Ossetia. Nonetheless, believe me, we aren't sitting idle. The institute does have a rather considerable potential.

[Bykov] Can we talk a little about something else? Our interview has taken such a morose turn.

[Yefremenko] Well, there isn't much to be happy about. But as far as the institute is concerned, it would be hard of course to describe its work in just a few words. You would probably be interested for example that an international reference center of the World Health Organization works in the institute. It has an extensive data bank on plague covering Asian and a number of European countries. There are also three other centers—a detection center, a center for zoonoses of the south of Russia, and a training center that prepares personnel for the CIS. Our collection of fleas—plague vectors—is second in importance in the world, the first being in England. Without going into the names of all of the divisions and laboratories, let me note that research is being conducted at a respectable level. In particular, we are working on pharmaceuticals of a new generation that surmount the cellular barrier; we have started production of diagnostic material based on magnosorbents making it possible to detect an infection source efficiently and precisely. In short, no matter how dangerous diseases might be, we are in no way defenseless against them.

[Bykov] Well, let's end on this note, wishing success to the people whose work is discussed in the papers far more rarely than the outbreaks of the frightening diseases they fight. And health to all in our unfortunately dangerous times.

Epidemiological Situation 'Normal But Tense'

94WE0021A Moscow ARGUMENTY I FAKTY
in Russian No 33, Aug 93 p 12

[Unattributed answer to reader's inquiry about the epidemiological situation in Russia]

[Text] As was reported to us in the Russian Federation State Committee for Sanitary-Epidemiological Oversight, the situation regarding especially acute infections in the republic is normal albeit rather tense. There are still no cases of plague. The situation regarding cholera is more complicated. It is generally brought in from abroad: In 1990, 49 patients came in from Syria, and in 1992, 5 patients came in from India. And this year, 17 patients and carriers of the virus have already been registered in Makhachkala, Nizhniy Novgorod, Krasnodar, and Naberezhnyye Chelny. And 2 cases of cholera disease from local sources have been noted in Dagestan and Moscow.

The possibility of outbreaks of acute infectious diseases remains because there are no real boundaries between Russia and the former republics of the USSR and penetration of patients from them is possible. The Russian Federation's law regarding protecting its territories from the import and spread of especially dangerous infectious diseases of people, animals, and plants and the plan for such a federal program are still in the development stage.

Overall, the situation regarding morbidity due to acute intestinal infections in Russia remains complicated. Up to 1 million cases of disease due to acute intestinal infections are registered each year because the public is not adequately supplied with good-quality drinking water and foodstuffs. The situation is especially serious in Russia's southern oblasts. As the Rostov Oblast Sanitary-Epidemiological Oversight told us, four cases of hemorrhagic fever have been discovered in the area, and two patients have died. In half a year, 93 diphtheria patients were hospitalized in the Rostov Oblast (3 died), there have already been several outbreaks of diphtheria, and the number of brucellosis patients has increased by a factor of 5. Everyone has long known how to guard against infectious diseases. Wash your hands before eating, do not drink untreated water, do not eat unwashed fruits...

Interview With RF Chief Epidemiologist Fedorov

94WE0066E Moscow KOMSOMOLSKAYA PRAVDA
in Russian 15 Oct 93 p 4

[Interview with Yu. Fedorov, chief specialist, Russian Federation State Committee for Sanitary-Epidemiological Oversight, by Valeriya Leina; place and date of interview not given: "Will We Overtake the War Year of 1918 in Cholera and Typhus?"]

[Text] During the turbulent days of devastating civil war, starving Russia was overwhelmed by raging epidemics of diphtheria, typhus and cholera. The famous "Uncle Gilyay"—Gilyarovskiy, who was sent on assignment to the places of devastation, wrote that people were dying like flies from cholera. Today, things are bad in the country not only in regard to politics and the economy. The number of infectious diseases has risen. And among them, once again we have cholera, diphtheria and typhoid fever.

[Leina] Are we threatened by mass epidemics?

[Fedorov] We're not threatened by a repeat of 1918. But still, the situation is rather serious. We have registered 62 infectious diseases. Among intestinal forms, cholera is the most frightening. This disease is distinguished by an explosive course: If it is not bridled in time, the danger of an epidemic is great. In the past, cholera was a classical disease, but later on, in view of causes unknown to us, the agent changed. Cholera under the name of El Tor (Ogava) penetrated into our country with shoppers from countries in which the standard of living and, consequently, public health norms are very low. For example five tourists from Orekhovo-Zuyevo who visited Turkey fell ill. A total of 21 patients and eight virus carriers were registered. Four of them were discovered in Moscow—a person without a permanent place of residence, a nurse, and two foreign subjects—from Syria and Lebanon. With the exception of one fatality in Dagestan, all of them lived through it and, for practical purposes, recovered. Despite the fact that it is difficult to monitor the disease because of the influx of refugees from southern republics (Tajikistan, Azerbaijan and Georgia), where the situation is many times more stressful, cholera has been fully contained in Russia.

The number of typhoid fever cases has risen. Last year there were 267 of them, while this year there were 621. As a rule, cases of infection are associated with contamination of drinking water. For example in the city of Volgograd, Rostov Oblast sewage made its way into old leaky water supply pipes, as a result of which 217 persons fell ill.

Dysentery and salmonellosis are a real calamity. Fifty-four outbreaks were registered in recent months, and 5,200 persons have succumbed. The diphtheria situation is unfavorable. The number of patients has neared 6,000. Pediculosis and scabies chiefly strike citizens without a permanent place of residence. Finally, typhus, anthrax, rabies and some other infections occur in very small quantities.

[Leina] Are medicines available?

[Fedorov] Yes, for example, cholera is stopped by timely administration of chemically pure salt solutions. Its treatment is rather inexpensive, while on the other hand preventive examination of people who come in contact with patients costs money. Immunizations are the sole means against infections spread by airborne droplets, particularly diphtheria. Despite the rumors the quality of our vaccine is very high, which is confirmed by experts of the World Health Organization.

[Leina] What preventive measures and sanctions are the sanitary-epidemiological services employing?

[Fedorov] Oversight of water supply and sewage facilities and vacation places has been intensified. Officials who violate public health norms are fined up to 3 months' wages. A fine of up to 100 minimum wages has been established for selling food products without a license. Unfortunately it is hard to control private trade—flea markets and second-hand markets. Poisoning by food products from state trade enterprises has grown in frequency as well. In these cases the sanitary-epidemiological service files a so-called regressive suit against the culprit, requiring him to compensate for the economic damages he inflicted.

Deteriorating Health Conditions Reported

94WE0085E Moscow NEZAVISIMAYA GAZETA
in Russian 9 Nov 93 p 2

[Text] MOSCOW. The health of the Russian population is deteriorating, and in 5 years mortality may twice exceed the birth rate. Such is the forecast made at a conference of directors of RF public health agencies just ending in Moscow. The participants of the conference concluded that public health services in all regions are in a disastrous state, and they are essentially breaking down, while health care is becoming increasingly less available to the population. The incidence of measles almost quadrupled this year, that of typhoid fever increased by a factor of 2.2, and diphtheria is assuming the nature of an epidemic: The number of patients is nearing 8,000. Two hundred seventy-five persons have died, to include 54 children.

Interview With Russian Epidemiology Official Shestopalov

94WE0066D Moscow SELSKAYA ZHIZN in Russian
23 Oct 93 p 3

[Interview with Nikolay Vladimirovich Shestopalov, administrative chief, State Sanitary-Epidemiological Service, State Committee for Sanitary-Epidemiological Oversight, by Lydiya Kudinova; place and date of interview not given: "When it Rains, it Pours"]

[Text] An outbreak of cholera in Kazakhstan and its importation into Moscow, anthrax in Rostov, tick-borne encephalitis in Voronezh, diphtheria in most large cities, and an even wider geography of dysentery, salmonellosis, tuberculosis and pediculosis. Diseases which were a rarity just a few years ago have now increased in frequency, and this cannot but be alarming, since after all, these are infectious, dangerous illnesses. Some of them are acquiring epidemic proportions, as is evidenced by statistics of the State Committee for Sanitary-Epidemiological Oversight. While in 8 months of last year only 1,801 persons caught diphtheria in Russia, in the same period of this year there have been as many as 5,888 cases, including 1,459 children. Since the beginning of the year 254 persons have died. Dysentery morbidity grew from 73,628 cases to 89,238. The number of syphilis patients almost tripled in comparison with last year—there are 25,599 of them. Of 194,833 gonorrhea patients registered in 8 months of this year, 1,601 are children up to 14 years of age. And even pediculosis—ordinary lousiness, which threatens typhus—has gone beyond the 181,000 mark. These, by the way, are only the cases that have been recorded by the sanitary-epidemiological service, while in actual fact the infections may be much more widespread.

It is clear that all of these outbreaks, foci and epidemics are not the result of the good life. Nikolay Vladimirovich Shestopalov, the administrative chief of the State Sanitary-Epidemiological Service of the State Committee for Sanitary-Epidemiological Oversight, provides a concrete explanation for the causes of the country's epidemic danger.

[Shestopalov] The gates of neighboring and distant countries have been flung wide open, and the number of people crossing the federation's borders, including from countries in which cholera is a problem, has increased considerably. I am referring to people on business, commercial and tourist trips. In addition many refugees, persons without a permanent place of residence and vagrants spending the nights in terminals, cellars and attics have appeared. Such a backdrop favors the spread of infections.

People busy with what they believe to be the more important problems of survival have become less responsible about their own health, and they are not taking reasonable precautions against infections. Public health in general and the sanitary-epidemiological service in particular do not have enough resources for normal preventive work: Because of insufficient and late financing we are unable to carry out all of the necessary measures fully—medical checkups, analyses, disinfection, vaccination etc. But speaking in general, political, economic and social crises

inevitably lead to complication of the epidemic situation in any society undergoing periods of change, and what we observe in our country today confirms this.

[Kudinova] That's true, and if we recall history, beginning with the "childhood of mankind," or the Age of Antiquity, epidemics, or "mory" as they were referred to in the distant past, always accompanied upheavals in a state. They were viewed in cultures of different people and centuries in the same way—as the vengeance and punishment of the gods, as "divine punishment." Naturally the mechanisms of monitoring and curtailing the spread of infection can no longer work well in connection with economic devastation, but could it also be that the defense mechanisms of the human body also break down? After all, pathogenic viruses and microbes exist in stable periods of history as well, but they don't always evoke massive epidemic disease.

[Shestopalov] If we're talking about the laws by which epidemics arise, we should recall the well known physiologist Selye, who justified the theory of stress. Stress is the body's natural defense reaction to an external effect, as a rule a response to a situation differing from normal. Stress mobilizes the body's defensive forces. But stress has its antipode as well—distress. This is excessive, over-the-line stress, which lasts abnormally long and which ultimately results in inhibition of defensive forces. The economic and political instability of recent years, the lack of social protections for the population, the decrease in standard of living, local wars and conflicts in different places in our country, uncertainty in tomorrow—aren't these enough reasons for distress? The immunity of the people is suppressed, there is no barrier to diseases, and consequently the individual easily catches ailments to which he is exposed, and infections he encounters.

[Kudinova] Distress is still present, and obviously it is threatening us with epidemics of even greater scale, since after all, judging from your statistics, morbidity is growing. What are sanitary-epidemiological oversight services doing to keep the situation from getting out of control?

[Shestopalov] In order to carry out preventive work to the fullest, we are trying to preserve the structure and function of our services to the maximum, although this is requiring colossal effort: There is nothing with which to pay for gasoline, electric power and building rent, and there is not enough money to acquire instruments, reagents, nutrient media and equipment. We appealed to the government, and it supported us: Local bodies of government were asked to allocate resources as a separate item in support of regional and local or municipal programs for supporting sanitary and epidemiological well-being. These programs focus on different things: In some areas, treatment of drinking water, in others, inspection of food products, in still others, massive preventive vaccination, and so on.

We also received permission to use, for the needs of our service, from 50 to 100 percent of fines we impose on officials and legal entities guilty of violating public health and epidemiological regulations. Moreover despite the fact that this is an extremely complex period, and perhaps the

not most suitable one, we are nonetheless reorganizing our service in order to make it more responsive to the needs of society. We are establishing special interregional centers—toxicological, chemical and microbiological, which will make it possible to concentrate our modest possibilities and fulfill a large volume of analyses and measurements at a higher level of quality. Had it not been for all of these measures, the epidemic situation in the country would have been worse.

Unfortunately, we are practically unable to influence diseases categorized as social diseases—tuberculosis, pediculosis, venereal. As we know, they increase in incidence unavoidably in territories where the economic and social situation is unstable, where "morality is on the decline." As an example the statistics on gonorrhea—a disease that is suffered as a rule by people in their time of development and youth—are only the tip of the iceberg: Many often treat themselves with home remedies, without seeing a doctor, causing the ailment to assume its chronic form and dooming themselves and others to infertility. I can't agree with what is happening today in our country in the area of "sex education." My mind rebels at calling this a civilized development.

[Kudinova] What can each person do for him or herself to reduce the risk of catching infectious diseases?

[Shestopalov] Save for observing the elementary rules of personal hygiene, there is nothing that I can propose. Wash your hands before eating and after going to the bathroom, don't use perishable food products after their shelf life has expired, don't buy food products, especially meat, from people you don't know. When you buy meat (and other food products as well), do so only after making sure that it had passed veterinary inspection.

And of course, diphtheria immunizations are a doubtless requirement. This dangerous infection will remain prominent for a sufficiently longer time. The sole effective defense against it is immunization. Every immunization is mandatorily preceded by an examination by a doctor, it is carried out only with a disposable syringe, and the vaccine satisfies the standards of the World Health Organization fully, such that immunization is absolutely safe to life. Even if a person falls ill due to particular features of his body, he will not die of diphtheria, and he will not suffer complications. Nor should immunizations against tick-borne encephalitis be refused in regions where this is necessary, and at the slightest suspicion of a tick bite a doctor should be seen at once.

[Kudinova] Nikolay Vladimirovich, you noted that urban residents suffer more from infectious diseases. There is no doubt that where population density is higher, the frequency of contacts is greater and it is much easier to get infected. But let's clarify this. The medical service has traditionally been more poorly organized in the countryside. Could it be that public health oversight is worse, and that this is what makes the statistics look better?

[Shestopalov] Rural inhabitants are better protected against epidemics for objective reasons: After all, they are almost completely oblivious to phenomena such as refugees,

vagrants and persons without permanent places of residence. All such people carry lice, with all of the ensuing consequences. And in contrast from the urban way of life, the traditions of the way of life and diet of the rural population have not changed. Such healthy conservatism keeps them safe.

[Kudinova] Are you saying that the only way we can overcome the epidemic danger is to stabilize the situation in the country?

[Shestopalov] Precisely so, you can never separate it from politics.

Interview With RF Epidemiology Committee Chairman

94WE0140A Moscow NEZAVISIMAYA GAZETA
in Russian 4 Dec 93 pp 1,3

[Andrey Baydushiy interview with Yevgeniy Belyayev, chairman of the Russian Federation State Committee for Sanitary-Epidemiological Oversight and Chief Sanitary Inspector of Russia, and Vladimir Cheburayev, head of the sanitary monitoring department of the Russian Federation State Committee for Sanitary-Epidemiological Oversight: "Is Russia Becoming a Hotbed of Diseases?"]

[Text]

Sore Spot

[Baydushiy] In the opinion of the director of the sanitary-epidemiological service, is the sanitary-epidemic situation in Russia getting worse or better?

[Belyayev] Unfortunately, it is getting worse. This year there was an avalanche of morbidity due to diphtheria. In 9 months, 7,628 cases of diphtheria were recorded and 300 persons died. Morbidity due to pertussis, measles, and other infections that may be controlled by vaccine prophylaxis also increased.

There are several reasons for this crisis. People's immune defense of their bodies has weakened because of a deterioration of food quality. Energy hunger is now being observed among 20 percent of the population. And constant stress situations because of uncertainty regarding tomorrow are affecting the human immune system. In addition, in the past 2 years, the public's faith in vaccines has been undermined as a result of an antivaccine campaign in certain parts of the mass media. We were only able to correct the situation at the end of this past year by initiating propaganda for wide-scale vaccination of the population. But time had already been lost.

Yet another reason for the increase in morbidity due to diphtheria and diseases in its group is hidden in the fact that physicians have begun to fear giving vaccinations because of possible complications and contraindications. Instead of preparing a contingent for vaccination, they simply reduce their number. We have not raised the question of mass vaccination very strictly. And Russia is no exception here. In the United States, the most democratic country with private health care, a child with no vaccination record is not even allowed near a school. Even

our emigrants there write letters to the committee requesting that their vaccination records be sent.

[Baydushiy] And when, in your opinion, will it be possible to change this situation?

[Belyayev] A headquarters for the fight against diphtheria has now been created. The government has passed a special decree for it and has begun allocating money. We had planned to vaccinate the entire population by the beginning of 1994. Because of insufficient production of the vaccine, however, this will evidently only be possible by the end of the year. By that time, morbidity due to diphtheria should fall. The same applies to other diseases in its group.

[Baydushiy] With diphtheria things are more or less clear. But the worsening of the sanitary-epidemiological situation in the country is hardly tied to an outbreak of morbidity due to it alone...

[Belyayev] The rapid spread of three other groups of infections is worrying us greatly. First, there are intestinal diseases, among which dysentery and cholera stand out. Here the situation is exacerbated by large migration flows, and this summer was a difficult one for our service. Eighteen cases where cholera was carried into Russia from distant countries were recorded. It was only thanks to emergency efforts that the situation was kept under control. A program to protect Russia's boundaries and territories from dangerous human, animal, and plant diseases being carried in from abroad has now been developed. It will be presented to the government this month.

Recently, however, natural foci of the following infections have been revived in Russia herself: malaria, fever, and plague. Ten natural foci of plague alone have been counted on her territory. Among them, the Astrakhan and Kalmykia foci have recently become highly active. Plague causative agent is beginning to circulate actively among the animals there. People's access to these rayons has been sharply restricted; however, a falloff in discipline could lead to very negative consequences.

And finally, there is yet another group of infections with increasing morbidity—venereal diseases. This year, 30,000 cases of early syphilis have been recorded. The level has never been this high since the war. This is especially alarming against the background of the growing threat of AIDS. Despite the fact that 688 HIV-infected individuals have been registered in Russia, we have still been able to hold back the onslaught of AIDS. It is important to do so as long as possible until an antitoxin to this infection is found.

[Baydushiy] Do they understand how serious the sanitary-epidemiological situation is in the government?

[Belyayev] If they did not, Russia would already have millions of patients suffering from infectious diseases. The situation in Uzbekistan and Turkmenistan, where a catastrophic increase in morbidity has occurred, would have been repeated. Everyone, including the president, is working with us. A concept and federal program for development of sanitary-epidemiological monitoring has

been developed. The service has the status of an independent service, and by law, no one has the right to intervene in our activity.

[Bayduzhly] And what attempts have there been?

[Belyayev] As soon as the service began to acquire authority and influence that was unanticipated by many, individuals appeared who desired to take it into their hands. This included both local authorities and the Ministry of health, who wanted to subordinate it to itself. The problem of counteracting mafia structures, which given our poverty, are trying to influence the service's specialists through bribes, is becoming increasingly acute. Incidentally, financing is perhaps the most painful issue for us. Since September we have been in no way able to increase our workers' wages by a factor of 1.8—a measure stipulated by presidential edict. Unlike physicians at medical institutions, who receive their salaries from the local budget, workers of the independent sanitary-epidemiological monitoring service are unable to do so. As a result, a stream of specialists are leaving the service. This is forcing us to seek the possibility of including nonbudget funds by introducing a charge for our services. Such practical measures evoke criticism, but we cannot survive otherwise.

[Bayduzhly] A couple of years ago any conversation about sanitary-epidemiological problems inevitably came around to the total absence of any laws in this area. Today there are laws. But do they work?

[Cheburayev] The first law, titled "Regarding Sanitary-Epidemiological Well-Being," was issued in 1991. It declared principles that at the time were absolutely new for the USSR and Russia: people's right to a clean environment and participation in its protection, the obligation of government bodies to inform the public of the ecological situation, and the need to compensate for damage to health. In reality, however, the mechanisms of realizing these policies did not exist, and some of them, for example, the opportunity for the public to participate in developing an environmental protection policy or the right to financial compensation for damage inflicted to health, only existed on paper. Problems of a methodological nature became the great obstacle here. How, for example, would it be possible to isolate the role of any one enterprise in harming a person's health as a result of emissions from other factors such as the person's own harmful habits, his heredity, and his unhealthy way of life? Perhaps we have only succeeded in realizing the principle of openness of information most completely. All of the data that the service has regarding the sanitary-epidemiological situation is accessible and published regularly.

[Bayduzhly] Does the service have enough economic levers to act upon the sanitary-epidemiological situation?

[Belyayev] We can fine a violator three months' wages. And we recently received the right to fine enterprises. Much remains to be regulated, however. Today, for example, it is very difficult to halt construction that is violating public health standards. Before, everything was simple—an instruction was given to the bank, which was a government structure, and it halted financing of the construction. Now

with the commercial banks, nothing can be done. Or take another example. The legal board has taken a document regarding compensating citizens for damage inflicted on their health that we agreed upon with interested departments and has been tossing it around under various pretexts for half a year already. Obviously, as soon as it is approved, there will be a squall of requests from the public, and they are afraid of this. I think, however, that we will nevertheless push through a similar policy, especially since it is fixed in the draft of the new constitution.

[Bayduzhly] In essence, such a measure would mean a revolution in the government's relationship to the public's health.

[Belyayev] Yes, but it is not coming to us easily. Some day, when I am retired, I will write my memoirs about how all of this happened.

[Bayduzhly] But here again comes the question of whether it will be possible to transform what is written on paper into real life. As far as I know, the prepared draft of the law titled "Regarding Providing the Public With Drinking Water" contains a provision something like the following: Water line owners must compensate the public for damage to their health resulting from consumption of poor-quality water. In some specialists' opinion, in practice, even in the first year after it takes effect, the law will result in the ruin of most water supply services. Can such a policy be implemented?

[Cheburayev] Even if it cannot, it is no reason for changing the law. The main thing is to formulate the task and begin performing it. In this case, the threat of fines and actions will compel water suppliers to make the expenditures to modernize their equipment. This will inevitably make water more expensive, and so be it. Today in our country, 25 to 27 percent of drinking water goes for industrial purposes, and in some cities the figure is as high as 50-60 percent. Naturally, in the event of such a policy, there will not be enough purification facilities or reagents. The pattern of squandering nature must be changed.

[Bayduzhly] The leadership of the Russian Federation State Committee for Sanitary-Epidemiological Oversight, together with other representatives of the Russian Council of Public Health Physicians, became engaged in the pre-election conflict as a part of the "Kedr" [cedar] block. What dictated this step?

[Cheburayev] Years of work in the sanitary-epidemiological monitoring system have shown that it is impossible to improve the situation regarding protecting the environment and human health at the level of competence possessed by the previous legislature. There is no system to the legislation that has been passed. Thus, individual laws regarding policy in the area of handling radioactive wastes and nuclear power generation have been developed in the absence of general legislation about radiation safety. That is putting the cart before the horse. Completely unacceptable policies are being put into other laws at the very moment of their development. In the Principles of the Law Regarding Labor Safety, for example, compensation and benefits for harmful labor conditions are stipulated. The

measure appears to be progressive, but in reality, it stimulates work in dangerous industries and, in essence, selling one's health. And in our country today such workplaces number 12 million. The law should have stipulated another solution to this problem that is termed "protection by time." Essentially, this means that if it is hazardous to work under certain conditions for an entire work day, the work day should be reduced to the safe limit, whether 6.3 hours or even 30 minutes, and the person should receive a full day's wages. Benefits and compensation may only remain in situations involving no damage to health during work but rather the risk accompanying work as, for example, in the case of pilots or miners.

Without the development of competent legislation and entry into parliament, it will not be possible to change the attitude toward protecting the environment and human health. The election of "Kedr" to parliament was necessary because unlike many other "green" parties and movements, it does not talk but really acts. In today's situation, this is very important.

ITAR-Tass Postscript

The plan of the State Special Program for Ensuring the Russians' Sanitary-Epidemiological Well-Being in 1994-1996, which was prepared by the Russian Federation State Committee for Sanitary-Epidemiological Oversight and presented to the Russian Federation government for consideration, has been tabled for a month for revision. The principal comments made at the government's meeting on 2 December concerned reducing proposed expenditures for sanitary and epidemiological measures and tightening the public health service's control over enterprises' and organizations' ecologically hazardous activities. Instead of having the state committee plan expenditures for equipment to neutralize toxic wastes, the Soviet recommended that factors without such neutralizers be shut down. It has been proposed that the total expenditure estimate, which initially amounted to 70 billion rubles, be sharply cut.

Further Deterioration of Public Health Forecast

94WE0136B Moscow TRUD in Russian No Unknown, Dec 93 p 5

[Article by A. Yablokov, A. Demin, Russian Federation Interdepartmental Commission on Environmental Safety, "And Our Health Will be Even Worse"]

[Text] The unforgiving statistics are showing that the public health of Russia's citizens is critical and is continuing to deteriorate. Likewise, the demographic situation in Russia is becoming increasingly acute. The most recent statistical data attest to an "avalanche" of deaths and "burnout" (they are even using this term) of entire population groups, primarily able-bodied men.

According to data from the State Statistical Committee, mortality indices are continuing to grow: in 1987, the total mortality rate was 10.5 per 1,000 of the population, and in 1992 and 1993, it rose to 12.2 and 14.6, respectively. Furthermore, the total number of deaths during the last year exceeded the total number of births by more than 50%. According to expert predictions, by early 1994 a

stable natural population decrease will be observed in 88 Russian territories which are home to 93% of the total population. For comparison, in 1992, the same situation existed in 45 territories and in 1987—in only three!

A further decrease in life expectancy is being predicted. These indicators have been steadily deteriorating since 1986-1987. The anticipated life expectancy among women is 11.8 years longer than that of men—73.8 vs. 62 years. State Statistical Committee analyses demonstrate that if today's mortality age level remains unchanged in Russia, 40% of boys born in 1993 will not reach their sixtieth birthday.

What is hiding behind these frightful figures? The mean life expectancy is one of the most objective indicators for determining the quality of life and environmental conditions. According to World Health Organization data, 50-60% of human health depends on the socioeconomic factors, such as nutrition, smoking, personal safety, etc., 20-30% depends on the environmental conditions, 10%—on hereditary factors, and only 7-8%—on medical care proper. Thus, the state of public health in Russia which has been at the center of experts' attention for over 10 years is affected by both the sociopolitical crisis, political instability, and environmental conditions in the country. And as a result, the increasing mortality trend due to chronic and infectious diseases is growing. The aging of Russia's population which is characteristic of all countries also affects the increase in the total mortality indicators: in 1994, the number of retirement-age persons will be more than 20% of the total number of people in Russia.

While we are citing the totals for the country as a whole, the situation is very different in various territories. For example, in the Tuva republic, the mortality level among able-bodied population is higher by 1.5 times than the average for Russia. In Pskov, Novgorod, Leningrad, Tver, Kemerovo, and Irkutsk oblasts, this indicator is 20-25% higher than the average.

According to recent predictions, the birth rate is expected to stabilize somewhat throughout the country, primarily due to an increase in the number of women of child-bearing age. In all, the demographic situation in Russia is the future of the nation, and it will in large measure depend on whether the family will manage to survive these difficult times and whether we are able to maintain our traditional universal values.

If we objectively sum up the above tragic statistics, the conclusion will be unambiguous: Russia is sick, and the state of its public health is already threatening national security. So, reliable information about this—the truth about all of us—must become public knowledge. Only then will we be able to make an analysis and take realistic steps which would give hope of improving the situation.

Condition of Epidemiology Service Reported

Interview With Epidemiology Committee Chairman Belyayev

94WE0019A Moscow KURANTY in Russian 22 Jul 93 p 4

[Interview by Lidiya Lukyanova of Yevgeniy Nikolayevich Belyayev under the "Ecology" rubric: "Public

Health Physicians, Respond!"; first paragraph is large-type boldface KURANTY introduction]

[Text] When, especially in springtime, the stinking and unknown-to-the-civilized-world Soviet substitute for drinking water gushes through the water faucet, when some epidemic or accident in a toxic industry has rolled up to the threshold of your home, when there are more cockroaches in homes and rats in basements than there are tenants, when there is no longer anything to breathe in the city, then we will recall that besides the local administration, we have protectors against such similar disasters whom we taxpayers support, and we will send an SOS.

In the USSR, the Communist Party kept the sanitary inspectors' mouths shut tight with its "classified" stamp and with its "concerning nondivulgence" signed statement, and it knew how to deal with insubordinates. Yevgeniy Nikolayevich Belyayev, who until recently was the chief sanitary inspector of one of Russia's oblasts, himself felt both the degradation and arbitrariness of such a service. For this reason, after becoming chairman of the Russian Federation State Committee for Sanitary-Epidemiological Oversight, Ye. Belyayev insisted, with government support, on the independence of his committee from the departmental service and, in some regions, from the local authorities. The masters of the sanitary service have always felt that it does not pay and were even sometimes afraid to give the public the truth about morbidity, the condition of the environment, and barbaric working conditions.

[Lukyanova] I congratulate you on your independence for the first time in 70 years. But independence is tied to accountability. Yevgeniy Nikolayevich, have sanitary inspectors learned to use their independence to protect the public?

[Belyayev] That is a difficult question. You will agree that not all of the service's directors and specialists have successfully managed to immediately restructure their psychology after crippling dependence on party discipline, after decades of the forced necessity of hiding the truth about the state of health and ecological problems from the public. However, we can now act on the basis of the law "Regarding the Public's Sanitary and Epidemiological Welfare" and be guided by society's interests. I suggest that such independence should fix everything. It will be difficult, but we will learn to make decisions independently, and reform of the service is proceeding in this direction.

[Lukyanova] Tell me, is sanitary inspection in the country now all-encompassing. Does it cover all industries or are there still exceptions?

[Belyayev] Unfortunately, there are exceptions. The sadly familiar principle—divide and conquer—still applies to our service. It is very convenient for hiding negative information. The Russian Federation Ministry of Transportation has its own departmental public health service. Its status is such that it is not always able to halt public health violations. The Ministry of Defense, Ministry of Internal Affairs, and Ministry of Security also have subdepartmental services. The main thing that alarms us is that

our committee does not oversee the enterprises of the defense industry, the space complex, or the production of nuclear fuel. Departmental control of the former Third Main Administration of the USSR Ministry of Health has essentially been maintained, and the Federal administration of Biomedical and Emergency Problems is currently attached to the Russian Federation Ministry of Health. The departmental public health services do not have any legal basis for activity at closed enterprises.

[Lukyanova] So do they have their own standards? Their own maximum permissible concentrations [MPC]? Their own levels?

[Belyayev] Yes...Now there is the problem of destroying the very same chemical weaponry. Maximum permissible concentrations and maximum permissible levels must be established. The scientific research institutes working on this problem are under the management of the specified main administration. A situation has been created wherein the department itself will develop standards, and we will be forced to approve them. The last emergency in Tomsk is yet another example of closure. We have no oversight over this secret facility nor over analogous facilities. When an emergency arises, the committee is obliged to participate in clearing the consequences without knowing its specifics, process, etc. We have proposed subordinating the aforementioned departmental public health services to our committee but have encountered fierce resistance from the ministries. We do not intend to destroy them. They have knowledgeable specialists; too often, however, their departmental affiliation ties their hands and does not allow them to tell the whole truth. The government supports the associations of all departmental public health services in our committee, but the resistance...

[Lukyanova] Forgive me. For months the government has permitted itself to "support" reorganization, but the authorities do not make use of it. If there are not enough authorities, it is possibly time to summon the people to the next referendum. Must we really wait for the next Chernobyl, Chelyabinsk, or Tomsk?.. Departmentalization closes the circle of problems of the Sanitary-Epidemiological Service's independence. Do not take offense, but will it really be more comfortable and easier for the specialists under the its wing?

[Belyayev] You have touched upon the most difficult question in the development of our service. For years, quiet, submissive, obsequious directors have been selected and have learned to work in the bureaucratic style in order to, pardon the expression, survive and remain in their job. In the very same meat combine, there is the technology, the critics below, and the unsanitariness all around. And they ask the sanitary inspector, "What, do you want the public to go without meat? Put yourself in our position. We must feed the people and not shut down production as you are prescribing." Builders delivering homes with unfinished work offer the same arguments. That is why some sanitary inspectors practically never make use of their right to shut down harmful or unsanitary production. It is very difficult for our services' directors to change their psychology. They do not want to fight, they do not want

to...It is very difficult for sanitary inspectors to break the habit of "putting themselves into somebody's position." I have already said that not everyone has been able to change his ideology and get over the old system under the new conditions. But I also wanted to mention that we have many examples where service directors have made decisions based on principles. They have made full use of their right to halt violations of public health legislation. For examples, there are the Moscow, Perm, Sverdlovsk, Orenburg, and many other republic, kray, and oblast services.

[Lukyanova] The press has reported information about the fact that foreign athletes and businesspersons, especially artists, have brought their own drinking water when visiting our country. Is this fact or fiction?

[Belyayev] It is difficult to talk about this, but they do in fact bring in drinking water. It is a product used every day. Most of ours does not meet the international standard.

In Russia, 12.6 percent of the drinking water used absolutely does not meet even our state standards [GOST] with respect to bacteriologic indicators, and 23 percent does not meet the chemical indicators. There are territories in Russia where up to 70 percent of the water drunk by the public does not meet the standard. It is not pleasant for us to speak about the cost of drinking water or about the fact that it is a product. The GOST "Drinking Water" requires studies of water for 28 ingredients. The World Health Organization proposed that water be studied for 50 ingredients back in 1984, and the list is now nearly up to 100. So you judge our level. Our out-of-date water purification process makes it impossible to test for either 50 or 100 ingredients. And out-of-dateness creates the appearance of well-being. Together with scientists, we are revising the GOST for water. I am afraid that 70 percent of our drinking water will turn out to be of poor quality.

[Lukyanova] Is there any possibility of providing Russians with normal drinking water?

[Belyayev] In the distant future. It will involve replacing the entire water treatment system and refraining from using chlorine. Civilized countries have long stopped using it. Chlorine compounds form corrosive and toxic substances in the body. Abroad, ozone purification of water is a stage that has already been passed, and we have not yet begun using the method in most cities. Other water purification and disinfection methods have already been discovered and are being used, and we must switch over to them. And the quickest way is that of building local units for additional water treatment, as is being done throughout the entire world. They may be designed for the home, hospital, children's settlement, or even apartment. The units are expensive but effective. A second way is to sell drinking water in containers as is done everywhere. And it must be decided quickly. The water supplied to the public in Moscow meets the GOST for drinking water.

[Lukyanova] Your committee developed a document regarding compensation for harm inflicted to human health in connection with environmental pollution. What is the fate of this document?

[Belyayev] It is now being examined in Russia's state legal administration. And I fear that the legal experts are trimming it so that all that will remain is a shell with no teeth. In saying this, I am not implying any criticism of the legal experts. Very weighty arguments are necessary to prove the causes of such harm in court. This type of compensation is very unusual for our government. They have been "tossing the document around" for half a year already; however, we are standing up for the public's interests.

[Lukyanova] I know that the committee has created a register of potentially hazardous chemical and biological materials. What is the purpose of this work?

[Belyayev] Increasingly newer compositions, alloys, and chemicals are being used. Before they are used to manufacture, let us say, children's toys, we must know everything about these materials from the standpoint of adherence to public health standards and prevention of harmful health consequences. Construction materials that have not passed health tests and that have not been approved by the sanitary and epidemiological service have, for example, been used in finishing the interior of buildings. And it later became clear that they are harmful to health because they give off toxic materials. A register is needed to eliminate this type of ignorance. It is a check for the toxicity of materials used in the national economy and everyday life.

[Lukyanova] While becoming familiar with your committee's work, I was surprised: You are continuing to actively set up antiplague institutions. I can't bear to find out that plague is again with us. But what about typhus and cholera?

[Belyayev] Plague has not been recorded among Russia's population for many years. Natural foci of the infection have recently been activated, however. That is, there has been an increase in the number of cases of rodents and fleas excreting plague microbe. Each year, the institutions of the antiplague system exterminate rodents in order to reduce their number. The members of the public who live within the territories of natural foci, as well as geologists and shepards, are being inoculated. Antiplague institutions are maintaining constant oversight of this menacing infection and developing new diagnostic preparations. Specialists at antiplague institutions are now taking preventive measures against especially dangerous infections.

As far as cholera is concerned, only isolated cases of its being brought in from India and other countries have been recorded in Russia in the past 3 years. Poor-quality sewage treatment and contamination of water reservoirs by sewage are creating a real threat of cholera in several places, however. The deterioration of the socio-economic situation in the country, increase in detergent and disinfectant prices, and lack of baths have all led to a significant increase in scabies and pediculosis. The high louse infestation of the population constitutes a potential threat of the occurrence of nearly forgotten typhus.

[Lukyanova] Fresh vegetables have appeared, and with them a panic over nitrates. What should we do—eat them or just feast our eyes on them?

[Belyayev] There are no vegetables without nitrates. Nitrates are a natural phenomenon in vegetables, and the only threat lies in their level of accumulation. Even if vegetables are not fertilized at all, they will still have a natural nitrate content. The danger lies using chemical fertilizers with no control of time or amount. In such a case, the amount of nitrates in vegetables may reach a toxic level, and when they accumulate in the body, they prevent the circulation of blood, bind hemoglobin, and facilitate the formation of carcinogens.

Standards for safe nitrate contents in different fruits and vegetables based on safety criteria have been established. In a vegetable predominating in the diet of the population of a given local, the nitrate standard should be as low as possible. Local public health services have the right to make nitrate content standards more stringent. I will note our country has the greatest number of nitrate content standards for fruit and vegetable products. Other countries do not view them as strictly.

The nitrate level in lettuce and beets, for example, is low in our country. Farmers and truck farmers are obligated to adhere strictly to norms and times between the fertilization and harvesting of vegetables, especially in the case of ammonium nitrate. Otherwise, the plants do not have time to process the nitrates into other compounds that are harmful to humans. Thanks to inspection by Moscow sanitary inspectors, the amount of nitrates in vegetables grown around Moscow have decreased by a factor of 1.5 to 3.

Epidemiologists Present Demands

94WE0019B Moscow SMENA in Russian 4 Aug 93 p 1

[Article by Galina Kolesova; first paragraph is large-type boldface SMENA introduction]

[Text] Seventy-five Russian territories are already lodging serious complaints to the government in connection with the collapse of a most important social service—the Russian Federation State Committee for Sanitary-Epidemiological Oversight [Gossanepidnadzor] system.

As of today, the Russian government's debt to all federal services amounts to 40 billion rubles, 16 of which is to the Gossanepidnadzor. A selective conference of representatives of the public health services of 75 regions throughout Russia convened yesterday morning to discuss one matter: development of a set of demands to the government.

These demands, the "13 Points," were developed and approved by the participants at the Petersburg Conference of Workers at Gossanepidnadzor Institutions back on 28 July. But because our city health service is in the same situation as all other such services in Russia, the essence of the regions' demands has not changed. The main demands are as follows: Provide the total financing for the sector's institutions that was allocated from the federal budget, including wages to its workers, and classify medical education and scientific institutions as socially significant services...

And only one item caused disagreement: the need to temporarily shift the service to financing from the local budget. There have already been similar precedents in Russia. And what initially seemed like a rescue turned out to be fraught with new problems because, as is a well-known fact, he who pays calls the shots. In Yakutiya, for example, the local authorities financing this service sharply cut the size of the service itself. In other regions, authorities actively opposed the closure of "ecologically dirty" enterprises...

In any case, there are grave doubts on the matter in Petersburg and no hurry to "go begging to Sobchak." It is precisely for this reason that the collective of the city agreement committee especially insisted on government guarantees regarding repayment times in the event that short-term interest-free loans from "local funds" are granted to the service.

And our city service is trying to resolve yet another important matter. It is trying to obtain permission to use 50 percent of all fine sanctions at its own discretion. The Malyi soviet already denied this request in the spring. The agreement committee members were convinced that the the amount—50 percent—frightened the deputies, whereas they believe that the city cannot receive even this sum because there is nothing more frightening than a "corrupt sanitary inspector." And, as they emphasize, it is only one step from poverty to corruption.

The chairman from Krasnodar, speaking at the selective conference, said "A blow to the public health service is a last blow to the people." Perhaps it was right after this phrase that premier Chernomyrdin yesterday morning gave Finance Ministry Director Fedorov permission to grant emergency appropriations to repay the service's debt. Fedorov, they say, handed the directive down—to the local authorities.

Epidemiology Committee Seeks Funding

94WE0086A Moscow MOSCOW NEWS in English
No 41, 8 Oct 93 p 15

[Article by Vladimir Kiselyov: "New Cholera Strain Detected"; first paragraph MOSCOW NEWS comment]

[Text] Cholera caused by a new pathogene has been brought into Russia. A particular insidiousness of the severe infection is that it cannot be diagnosed by the conventional methods.

Cholera is a truly terrifying disease because of the lightning speed with which it spreads. Fifteen to twenty five days elapse before the onset of typhoid fever. Cholera does not allow man to mobilize resources and nip the infection in the bud. All too often its incubation period lasts only a matter of hours. A day or a couple of days pass, and an infected person dies if he does not receive qualified aid. Neither do preventive inoculations help being next to useless and, so, they are rarely resorted to by medics.

Cholera continues its triumphal march across the planet and it takes root even in states it never visited before. Up to 70,000 cases of cholera were registered worldwide in

1988-1990. In 1992-1993 they topped the million mark with thousands of fatalities. Russia is no exception in this regard. Last years six Russians were cured of cholera. This year there were 20 such "Russian" cases and two foreigners, but one patient in Moscow succumbed to the disease.

"It is a sheer miracle that the infection has not erupted anywhere yet," says the Rostov Regional Centre of the Sanitary-and-Epidemiological Inspectorate Deputy Chief Doctor Gennady Aidinov. Wars, refugees left to their devices, the "tentative" Russian borders with a virtually total absence of sanitary control, an influx of illegal migrants from the Middle East and Asian countries, a multitude of lice-ridden homeless tramps and unemployable provide breeding grounds for almost any infection! Further, there is street trade, overflowing with filth and garbage and other waste, and dealing in worthless and substandard wares. And an appalling quality of drinking water...

It is perhaps the hand of God that an uncommon variety of cholera erupted precisely in Rostov. For a long time we heard virtually nothing about infection cases, infectious diseases were a closely-guarded state secret; even in service correspondence the plague was disguised as "form 100" whereas cholera was styled as "form thirty." If the authorities were compelled to admit anything in this respect they did it through clenched teeth.

Rostov is traditionally a cholera-visited region. How should one behave in an emergency situation? Even an isolated case of this disease is an emergency. Moscow should be informed forthwith of every case and the WHO should be notified within twenty-four hours. The local epidemiologists know "their" disease not from books. There is a State Plague Research Institute in Rostov, the leading institution of this kind in the country, it is also concerned with cholera. Should a person succumb to cholera somewhere in a Russian hinterland, and not here, the local doctors might even fail to diagnose the case. It is fearsome to contemplate the consequences.

The uncommon cholera variety was "delivered" to Russia by plane. And in future it will also more likely than not find its way here by air. Remember how many international airports we had in Russia only a few years back. We had the airports of Sheremetyevo-2, Pulkovo and Khabarovsk, perhaps. Now there are no fewer than fifty and their number is growing. Our traders and merchants have been shuttling to and from places and locations where they can buy cheaper merchandise. That those places and locations are often infection-ridden is a matter of little significance to them. The sanitary services have been lagging behind Aeroflot flights catastrophically.

Regular flights to foreign countries from the Rostov airport were started six years ago, whereas a sanitation control centre is only being organized today. The chief of the local air fleet buckled under to the sanitary doctor (Lyudmila Prilutskaya heading the North Caucasus centre for sanitary-epidemiological inspection) and allocated the requisite funds. But before long the planes will start flying

to foreign countries from eleven cities in this country, and then the charm exerted by Prilutskaya will be powerless.

"True, sanitary control centres are being set up and financed in a rather haphazard way," they heaved a sigh in the State Committee for Sanitary and Epidemiological Control. "But we intend to set up 410 such outfits in our airports, on the seas, rivers and on railways, and we request 28 billion roubles for this."

That the amount will be received from the scanty state treasury is not an accepted fact yet. The program is to be implemented by the year 1997 but how can we explain to cholera that it should refrain from visiting us until then?

"We shall not be able to prevent cholera visits by air of course," they nodded their understanding at the State Committee for Sanitary and Epidemiological Control. The main thing is to prevent the spread of the infection."

Epidemiological Monitoring of Food Products

94WE0122A Moscow MOSKOVSKAYA PRAVDA
in Russian No 10, 28 Sep 93 p 1

[Interview with Irina Ivanovna Piskarevaya, head of department for organizing oversight of the public's food products, by V. Semenenko under the "Visiting Card" rubric: "Are They Storing Bananas in Morgues?"; first paragraph is boldface MOSKOVSKAYA PRAVDA introduction]

[Text] The long-awaited market has finally arrived, bringing abundance with it. At any hour of the day or even night one can acquire the most necessary products by using the services of stores operating around the clock and various delicacies since there are plenty of merchant's booths in Moscow. The prices, of course, do not gladden the popular consumer. But that is the subject for another conversation. Today's subject is the quality of the products we buy. And we are speaking with I. Piskarevaya, head of the department for organizing oversight of the public's food products of the Moscow Center for Sanitary-Epidemiological Monitoring.

[Semenenko]Irina Ivanovna, please briefly outline the scope of your service's concerns.

[Piskarevaya]We monitor the quality of the food products sold at Moscow's food industry enterprises, track merchant organizations' adherence to public health standards and rules and the quality of their products, and conduct analogous monitoring of public kitchen enterprises.

There are other problems of concern to us related to correct organization of feeding individual categories of the population organized into collectives such as students and workers in different occupations. In addition, matters of dietary and therapeutic nutrition as well as prevention of food poisoning and intestinal illnesses also fall within in our jurisdiction.

[Semenenko]Considering the uncivilized nature of our market, let's begin with a topic that is of interest to every Moscow resident. Please tell us about the measures your service and the city authorities are taking to protect us against food poisoning.

[Piskarevaya]Beginning this year, we have begun working in earnest on the problems of hygiene certification of products, guaranteeing both their safety and quality. To do this we take random samples of batches of incoming goods and perform laboratory tests on them. We issue a certificate on the basis of the test results. But two other commercial organizations created under the State Committee for Standards [Gosstandart] (Rost-Test-Moskva [Growth-Test-Moscow] and Soyeks) also issue so-called certificates that generally only certify the quality of products provided by foreign seller-firms.

Although, we have not, thank God, had any outbreaks of mass food poisonings, there are reasons to worry in connection with the absence of proper monitoring of the quality of incoming products. There are cases where we reject products that have certificates of compliance. The question of a single procedure for certifying products is now before the Moscow government, and we hope that it will be decided in favor of the consumer.

[Semenenko]Such matters must of course be decided at the government level; however, the good Russian proverb "Hope in God, but don't take a false step" involuntarily comes to mind. So how about this? Is it possible to guard against unpleasant consequences by buying expensive imported goods in colorful packaging?

[Semenenko]Quality is, alas, determined only by taste. And it is absolutely necessary to see the date of manufacture. Meat products, confections, canned goods, and packages in which juices, water, and beer are sold are generally marked with an expiration date. Sometimes they also have a date of manufacture so that one can get a rough idea of at least a product's degree of freshness.

[Semenenko]Of course. But what do you advise in relation to alcoholic beverages? How safe is it to buy them in the nongovernment commercial network? Indeed, as is well known, they are a most popular product.

[Piskarevaya]We recently raided merchant enterprises under all forms of ownership and in all administrative districts of the capital to take samples of wine and vodka products not manufactured in Moscow. The laboratory studies showed that 40 percent of them do not meet State Standard [GOST] requirements.

[Semenenko]What kinds of preventive punishment does your service use upon discovering a low-quality product, a product being sold after its expiration date, a storage condition violation, or a failure of merchant enterprises to adhere to public health rules?

[Piskarevaya]We stop the sale of low-quality products, close the enterprises, and impose fines on managers and other accountable individuals who violate trade standards. In August alone, we issued 40 decrees halting the operation of small retail and commercial food facilities and more than 90 decrees imposing fines totaling about 3.5 million rubles.

[Semenenko]There is a certain clarity regarding preventing food poisonings. Now let us turn to intestinal infections, another extremely timely topic, especially in connection

with the spread of cholera in Central Asia, from where we traditionally get outstanding fruits and vegetables. We know of cases of this disease in Moscow as well.

[Piskarevaya]Our service monitors all the capital's markets. As far as the spontaneously developing trade in produce on the city's squares and streets is concerned, it is banned by decree of Moscow's Chief State Sanitary Inspector for the sake of citizens' safety.

[Semenenko]But they still are still selling...

[Piskarevaya]They are only selling because people are buying. And no city police forces would be sufficient to constantly drive these uncontrolled markets away. As soon as they arrive, the merchants scatter. After they [the police] leave, it is if they sprout up from under the ground.

[Semenenko]Well, what is the answer?

[Piskarevaya]There is only one answer: Take responsibility for one's own health. Do not risk buying products from the hands of a seller who does not have the appropriate medical documents granting him the right to sell. In addition, there is another danger lurking here. No one knows how these fruits and vegetables were grown, how much chemical fertilizer was put on them, and finally under what conditions they were stored and transported.

[Semenenko]The problem of storage is also of great interest to our readers because it is directly linked to the quality and safety of food products. We know that previously all fruits and vegetables went to fruit-and-vegetable bases. But now? Not long ago I read a newspaper report about how it is known for a fact that bananas are being stored in morgues allegedly right alongside corpses. Please comment on this information.

[Piskarevaya]The fruit-and-vegetable bases have been retained. Both government and private sector suppliers are now using them. Part of their produce proceeds via direct channels into the commercial network. As far as the monstrous details regarding bananas are concerned, we do not have any such information, although a check of the promulgated facts was conducted. I am inclined to think that it is all the fruit of someone's wild imagination if only because heat-loving bananas do not need below-zero storage temperatures.

[Semenenko]Thank you. I think you have calmed many lovers of the exotic fruit. And now I will turn to yet another matter that is also directly linked to quality control of food products. What efforts are being made there?

[Piskarevaya]There are 125 sanitary inspectors and about 200 of their assistants working in city and district epidemiology centers plus the directors of these departments.

[Semenenko]Irina Ivanovna, you are fighting a losing battle. A little over 300 workers for our enormous city? But certainly it must be understood that most of them are women who are naturally simply afraid to cross the threshold of a merchant or storage organization, especially as uninvited guests?

[Piskarevaya]This is a very serious problem that must be solved. The number of personnel must be increased in

view of the development of the commercial network, and perhaps other forms of operation should be examined. Perhaps a public health police force should be created.

[Semenenko] Thank you for talking to me. It is the tradition of this newspaper to publish phone numbers to call to receive additional information.

[Piskarevaya] Our telephone number, 287-31-41, operates around the clock.

Epidemiologists Warn Against Imported Foods

94WE0122G Moscow MOSKOVSKIY

KOMSOMOLETS in Russian 9 Nov 93 p 1

[Unattributed article: "Infected Meat Brought Into Moscow"]

[Text] The other day, the city veterinary service seized a batch of Belgian pork sausage meat. As its employees reported to MOSKOVSKIY KOMSOMOLETS, more than 60 tonnes of sausage meat intended for sale to Moscow residents was found infected with life-threatening salmonellosis. The meat, which was purchased abroad for a very low price, was shipped to the capital by a commercial firm. The vacuum-packaged sausage meat could have been sold through commercial booths as well as through stores by direct contract.

In specialists' words, the lion's share of imported food products being sold in the capital by direct shipment is hazardous to Moscow residents' health. Veterinarians are most afraid of meat products from Spain because the plague is now raging in that country.

Children's Health Concerns Epidemiology Committee

94WE0085H Moscow ROSSIYSKIYE VESTI

in Russian 12 Nov 93 p 1

[Article: "Russian State Committee for Sanitary-Epidemiological Oversight Troubled by the Health of Children"]

[Text] The Russian State Committee for Sanitary-Epidemiological Oversight expressed extreme concern for the health of Russians, primarily children. In the words of Yevgeniy Belyayev, the committee chairman, just in 9 months of this year the incidence of measles in Russia increased by 4.2 times, that of whooping cough increased by 29 percent, and that of epidemiological parotitis grew by 31 percent in comparison with the same period of last year.

In 1993, 10 outbreaks of dysentery, typhoid fever, hepatitis and salmonellosis were noted in the country, as a result of which around 7,000 persons became sick. Diphtheria is assuming epidemic proportions: The number of patients with this infection has reached 5,000, and around 300 patients have died, to include 50 children.

In Yevgeniy Belyayev's opinion this situation is the result of the unfavorable state of the environment, a decrease in the immune status of Russian, the failure to immunize many children and adults, and the shortage of vitamins

and of therapeutic and preventive drugs. According to information from the "Kedr" constructive ecology movement, which is cooperating actively with the country's epidemiological services, around 60,000 Russian citizens are living today in places where the maximum permissible concentrations of toxic substances are perpetually exceeded. Levels of atmospheric contamination exceeding the maximum permissible concentrations by 10 times are periodically recorded in over 80 of the country's cities and industrial centers. Each year around 28 cubic kilometers of contaminated liquid wastes are dumped into Russia's water basins, including 8.4 cubic kilometers untreated. Highly toxic organic compounds, salts of heavy metals, phenols and petroleum products are detected in water sources.

In the words of Anatoliy Panfilov, chairman of the "Kedr" movement, the threat to the health of the population, primarily children, motivated its members to start a drive to purchase from other countries a large quantity of medical preparations that raise immunity, and equipment with which to make them in Russia. After the needed pharmaceuticals are acquired, specialists of the State Committee for Sanitary-Epidemiological Oversight will deliver them with the help of active members of the "Kedr" movement to citizens needing them most in the threatened regions.

Trade Union Federation Supports Children's Resorts

94WE0056F Moscow TRUD in Russian 8 Apr 93 p 1

[Article by Aleksandr Golyayev: "Children, Health, Prices"]

[Text] The headquarters of the Federation of Independent Russian Trade Unions held a meeting on the problems of organizing summer vacations for children and preserving the population's health.

The prices of vacation passes have risen abruptly, and the costs of maintaining a single vacationer increased last year by almost 40 times in comparison with 1991. The average cost of a pass exceeds the minimum wage set by the government 15 times. The closing and respecialization of health improvement institutions, including children's, have assumed threatening proportions, their construction has been halted for practical purposes, and health institutions are being sold off at bargain-basement prices.

Diseases such as poliomyelitis, diphtheria and tularemia, which had not been registered at all in Russia for many years, have reappeared among children. Over 1,300 illnesses occur annually in every 1,000 children and adolescents. Of 42 million children, only 10-14 percent come to primary school healthy.

A resolution adopted at the meeting called for developing the "Russian Health Resorts" and "Children's Vacations" programs, and offering tax advantages and preferential loans to enterprises of the sanatorium and health resort complex. There are plans for establishing a republican reserve fund from which to compensate the expenses of travel to vacation places, and part of the cost of passes. The

participants of the meeting concluded that there was a need for creating permanent interregional commissions on organizing vacations for children and laborers.

Academician Reports on Adolescent Girls' Health

94WE0141A Moscow ROSSIYSKIYE VESTI
in Russian No. Unknown, Sep 93 p 1

[Article by G. Serdykovskaya, N. Kuindzhi, "We Are Behaving Like Comprachicos"]

[Text] [...] One of us has already written in Retsept how for many decades we have built—and are continuing to build!—school buildings which do not meet hygienic standards and how the health of many generations is affected by it. Our Institute of Child and Adolescent Hygiene (the only such science establishment not only in Russia but in the entire CIS) is engaged in research in many directions, studying the health of children and adolescents in all its diversity. Some of such studies are unique.

[...] In examining one of the biological criteria of women's health, we examined the case histories of the school period of today's first-time mothers [primipara]. They were interviewed in one of Moscow's maternity wards. Data from the questionnaires administered to each woman were complemented with information about the course of her pregnancy and the gynecological diagnosis of labor activity. The resulting studies made it possible to establish the relationship between the course of pregnancy and birth and the characteristics of their lifestyle as children and adolescents.

Thus, the first year of menstrual age in 78% was accompanied by various specific manifestations of yet-unformed menstrual cycle whereby 43% of the respondents indicated a general deterioration of health or academic activity during menstrual periods. Approximately 20% of the women identified the menarche year as the most difficult year of learning at school. Among these data, the following highlights are the most interesting.

Only about 20% of today's first-time mothers had normal course of pregnancy and physiological delivery. The lowest percentage of unfavorable social and biological factors during the school years was identified in this group of respondents: excessive intellectual or athletic stress, chronic pathologies, and complications during the child-bearing age.

The most numerous (approximately 40%) was the contingent of women whose pregnancy and delivery pathology was due to the presence of extragenital processes in the organism as a result of an explicit or, evidently, latent chronic pathology. Allowing for the time factor, we have established that chronic pathology formed in more than 30% of first-time mothers in their childhood and adolescence. Among those under considerable intellectual stress (students at specialized schools of varying intellectual orientation as well as those combining education in a conventional school with training in a music or art school), the frequency of pregnancy complication by anemia increased by threefold and by hypotonia—by tenfold;

labor activity anomalies were noted 1.5 times more frequently and surgical intervention during labor compared to the frequency of these indicators among the entire contingent of respondents was more frequent by threefold.

The total number of pathological manifestations during pregnancy and labor in each of the women who, during childhood years, combined chronic pathology with considerable intellectual stress was especially significant. In this contingent of first-time mothers, the proportion of various complications in the infant status increased by almost twofold: fetal hypoxia, hypertrophy, and asphyxia.

At the same time, moderate athletic activity which was evaluated in women who since childhood participated in extracurricular activities with physical stress in public schools, clubs, palaces of culture, etc., ensured the lowest incidence of pathological manifestations with respect to the course of pregnancy and labor and did not lead to complications in the state of the infant. In this first-time mothers' contingent, all indices characterizing the progress of pregnancy and labor were most favorable.

We would like to report one more extremely important fact recorded by anthropological researchers from our institute. Some time ago, the public was well informed about the spread of acceleration among the young generation. But no one has written anything about the phenomenon of retardation. Yet it does take place. Especially among our girls. In recent decades, they have become not only shorter in height but also lighter in weight and began menstruating later which, in women, is the principal indicator of biological maturity.

We promised to present the conclusions at the end of this publication—they are alarming if not tragic. The regimen of academic life has a negative impact on the health of our children, especially girls. And if in the case with school building construction much can be attributed to our constant poverty, how can one explain the unjustified and hygienically unsound prevailing conditions? This does not require any capital outlays but rather an investment of heart, mind, and after all—concern. Are we also short on that too?

We picked up the pen with the intention of focusing attention once more on the fact that the five-day week cannot and should not be a universal feature.[...]

Russia Registers Over 100,000 Refugees

93WE0542M Moscow TRUD in Russian Jul 93 p 1

[Article by editorial board]

[Text] More than 100,000 people forced to vacate their permanent residence have been registered by Russia's Federal Migration Service between January and May. More than 40,000 such migrants came from Tajikistan, 19,000 from Azerbaijan, 15,000 from Georgiya, and more than 18,000 from Chechnya.

List of Licensed Medical Facilities

94WE0122C Moscow MOSKOVSKAYA PRAVDA
in Russian No 10, 28 Sep 93 p 1

[Unattributed article under the "Licensing" rubric: "Come Only to Us"]

[Text] These medical institutions also have the right to provide medical services and have been granted a license for their activity. The list is growing. Today we are continuing its publication.

And so the following have licenses:

City polyclinics Nos. 82, 204, 125, and 67; pediatric city polyclinics Nos. 116, 123, and 92; City Dentistry Polyclinic No. 42; Dermatovenerologic Health Center No. 16; Pediatric Bronchopulmonary Health Center No. 51; and Addictology Health Center No. 1 for the Medical and Social Rehabilitation of Drug-Addicted Patients of the Southern Administrative District.

City polyclinics Nos. 79 and 115; Novobratsevskiy Polyclinic of the Northwestern Administrative District; City Dentistry Polyclinic No. 14; Rehabilitation Home No. 2; Psychoneurology Health Center No. 17; Antituberculosis Health Center No. 13; Addictology Health Center No. 3; and Medicosanitary Unit No. 60 of the Northwestern Administrative District.

City polyclinics Nos. 143, 168, 147, 131, and 177 and pediatric city polyclinics Nos. 57, 51, 64, 88, and 67 in the Western Administrative District.

City Polyclinic No. 47; pediatric city polyclinics Nos. 59 and 101; City Dentistry Polyclinic No. 4; and Pediatric City Stomatology Polyclinic No. 37 of the Southeastern Administrative District.

Read the continuation of this list in the next issue of this newspaper.

Moscow Trauma and Disease Statistics

94WE0122B Moscow MOSKOVSKAYA PRAVDA
in Russian No 10, 28 Sep 93 p 1

[Unattributed table]

[Text]

Data for the Period From 23 August to 19 September	
Ambulance team runs	137,567
—No. of those runs to children	9,697
Motor vehicle accidents	1,076
—Injuries	1,325
—Deaths at the scene	80
Ambulance runs to fires	49
—Fire-related deaths	12
—Fire-related injuries	19
Drownings	20
Falls	176

—Fall-induced deaths	53
On-the-job injuries	10
—Job-related deaths	3
Electrical injuries in the home	25
—Electricity-related deaths	2
Railroad-related injuries	58
—Railroad-related deaths	28
Hangings	46
Stabbings	374
—Stabbing deaths	39
Gunshot wounds	92
Gunshot-related deaths	28
Hospitalizations for the following reasons:	
—Myocardial infarction	1,266
Stroke	1,909
Diphtheria	502
	(375 adults, 127 children)

Oncology Center Closes

94WE0022C Moscow ROSSIYSKIYE VESTI,
in Russian 4 Jun 93 p 5

[Interview of Academician Nikolay Trapeznikov by Tatyana Sadkovskaya, under the title: There Are Practically No Healthy People in Russia]

[Text] The occasion for the discussion with the Academician, Director of the Oncological Center, and student (since school days) of the patriarch of domestic oncology, Nikolay Blokhin, was in no way a scientific sensation. But the fact is not routine, even in relation to the present times: the Oncological Center is closing for one and a half months, from July 15 through September 1. Is there is no money to support the work of this enormous, unique complex, to treat patients? Such information has already appeared briefly in the press.

The Center is actually a bit low on resources. But about this - a bit further on. The Academician explained this uncommon fact by the long-developing necessity for the repair of some of the buildings of the complex, which opened as long ago as 1980. Patients whose treatment cannot be interrupted will continue to receive it; the fate of the others has also been looked after. In a word, the Academician expressed confidence that there will not be patients who have suffered as the result of this action. It is difficult to check this assertion; therefore, let us take the eminent Academician at his word.

And although there has been no sensation, you will understand that it made sense to continue the conversation...

It is said that AIDS is the plague of the twentieth century. In Russia 500 people have acquired this plague. But in 1990, 700 thousand people in the USSR fell ill with cancer. We now have 500 thousand new cancer patients annually in Russia alone. Five hundred and 500 thousand. But the

majority, to please various currents of opinion, are more concerned with the problem of AIDS.

Today 42-43 per cent of our patients recover. This is the per cent of recovery of the colored population of the US. It is higher among the white population - half of the oncological patients. It is clear why: the conditions exist for early diagnosis, there is a higher level of medical assistance rendered. So that deliverance from the terrible disease is not only a scientific, medical problem, but a social problem as well.

How does it occur, and what are the causes...

According to forecasts, at the beginning of the next century every third person will become ill with cancer in the course of his life. Our current social characteristics will have their effect in 10-15 years. It is known that incorrect nutrition is the cause in 35 per cent of cases of the occurrence of malignant tumors, and smoking in 30 per cent. Fifteen after the second world war, the number of cases of cancer of the stomach increased sharply - the deprivations of the war years were taking their toll. Now these tumors, as in other countries, are encountered infrequently. Among tumors, lung cancer leads among men, breast cancer among women. But in 15 years a sharp increase in stomach cancer cases awaits us: today's deprivations of the population will take their toll. When I lecture in the labor collectives, it is awkward for me to speak of rational nutrition - people in general are going half-starved.

I especially want to talk about smoking. The widespread publicity about the nation's ill health elicits, to put it mildly, surprise. A number of bans and restrictions of local, including Moscow, authorities is not changing the situation fundamentally. It is necessary, as has occurred in the US and Canada, and for which the French public is campaigning, to ban legally the advertising of tobacco products. Note: our politicians give interviews, as a rule, with a cigarette in their teeth (in his time a chain smoker, as are, incidentally, many surgeons, Nikolay Nikolaevich gave this habit up twenty years ago. - T. S.). Or, for example, athletic competitions are going on, and the entire stadium is plastered with cigarette ads. How can this be reconciled? Moreover, smoking fosters the occurrence not only of cancer of the lung, but of the throat, the urinary bladder, the kidney... Americans are a nation more interested in and knowledgeable about questions of health; therefore, in the US in the last 2 years 3 million people have quit smoking...

Yes, 30 per cent is an impressive fact. Could you comment on another percentage that has been mentioned: 42-43 per cent of people with a diagnosis, which until now has sounded like a simple death sentence, do recover... This percentage evidently includes cases caught at an early stage.

The WHO has proclaimed: early diagnosis saves the patient's life. This is correct. But now, thanks to advances in chemotherapy we cure even some neglected forms of cancer. We cure cancer of the testis in 85-90 per cent of cases, including those with lung metastases. We even eliminate some tumors of the uterus without operative intervention. At our center 100 sick young children are

observed, born of women who have experienced uterine cancer. Osteogenic sarcoma is conquerable in 70-75 per cent. Medicine will very shortly be in a position to cure some malignant tumors completely. Even now 80-85 per cent of children with cancer can be rid of the disease. All we need is a full arsenal of preparations, radiation therapy, and highly qualified specialists.

I believe that you have only the latter at your disposal.

We have the equipment for radiation therapy: 60 per cent of patients receive it - in pure form and in combination. Linear accelerators are already in use throughout the world. Here they can be counted on one's fingers: the Center, oncological clinics in Volgograd and Arkhangelsk. There are another ten Elephants, domestic counterparts of American accelerators, with much poorer capacities. Therefore, gamma therapy is mainly used in the outlying regions. But that is a past era.

But the greatest problem is antitumor preparations. We are always short of them. One foreign firm has opened a currency pharmacy at the center. Some kind of safety valve, at least.

I passed by it. The prices are scary: there are ampoules for 40 dollars each. How much does the treatment of one patient cost? I hope, anyway, it's not up to him personally: shouldn't oncological patients be helped gratis?

We charge patients from the CIS. We do not take money from Russians. How much does it cost? One simple example: the modern treatment of a patient with osteogenic sarcoma with preservation of the extremity (previously an amputation was carried out). The cost of an endoprosthesis is 5 thousand dollars. Plus chemotherapy - this is another 25 million rubles. If an enterprise can pay for the treatment, we accept it. We pay for others out of the budget, our commercial activity. But here is a paradox which cannot be explained. We treat from budgetary funds. And there is, for example, the state firm, Farmatsiya. It is ready to send us currency preparations, but it requires 20 per cent of the ruble cover of the cost of these pharmaceuticals from the Center. This is very much like shuffling the same money around different pockets of the same pair of pants.

Given such a patient cost, how much money does the state allocate to the Oncological Center?

It's easier for me to answer what the budget of our partner, the American National Cancer Institute, is. One billion 200 million dollars. While so far this year we are living without a budget at all. The Russian Academy of Medical Sciences promises: we will give so much for treatment, so much for food, for salaries. And not a word about scientific research, although we are a scientific institution first and foremost. True, I have received pleasant news from the Ministry of Health: the Center is being allocated 2 billion 125 million for the development of expensive treatment methods such as bone marrow transplantation, plastic surgery in oncology...

Our last conversation compelled the optimistic percentages of recoveries to fade. Therefore, let us return to the stage of

neoplastic diseases when the shortage of funds will not be so tragic for the outcome of the illness, that is, the problem of early diagnosis.

The Center has now concluded an agreement with enterprises and organizations to carry out surveys in collectives. We are creating teams of various specialists and equipping them with the most up-to-date equipment. Literally the other day twenty of our colleagues returned from Novorossiysk. A terrible picture is sketched on the basis of the results of these trips. I have in mind not only our patients, but the state of health overall. And a large number of cases of cancer, about which people were completely in the dark, have been identified as a result of each trip.

Landings of specialists are not comparable, of course, with a stagnant must-do situation, with a professional examination which cannot be called anything other than a bluff. Certainly, those who are completely in the dark are on the conscience of its initiators... But one center like yours is not enough for all of Russia. And not every enterprise in today's conditions can allow itself, obviously, a not inexpensive contract with the Center.

In our time we have been leaders in oncological science. But, now... There are national anti-cancer programs in many developed countries. They are reviewed by parliaments, and obtain the necessary financing. The President of the US has a council on oncology; it was headed up until his death by Hammer, who is well known in our country. Congress hears the Director of the National Cancer Institute annually, and only then approves the budget.

Russia also needs such a government approach to the problem, which is longer called an exclusively medical problem (remember: every third person contracts cancer in his lifetime), and our own national program, directed toward a reduction of mortality from tumors.

Our Center is engaged in its development. Perhaps the fate of draft law on oncology we developed, which has been lost in the long drawers of our parliament, will not befall this document. Primary prevention, early diagnosis (screening programs, for example, to identify cancer of the uterine cervix and breast here have already been worked out here to the level of demonstration projects), fundamental research, the development of treatment methods - these are the main necessary constituents of such a national program. I am naming them in order of priority.

Well, in the practice of domestic oncology today the priorities have been precisely arrayed more or less the wrong way around.

Blood Shortage Critical in Moscow

94WE0122D Moscow MOSKOVSKAYA PRAVDA
in Russian No 10, 28 Sep 93 p 1

[Article by N. Nadezhdin: "Criminal Business"]

[Text] It is a well-known fact that the road to Hell is paved with good intentions. Alas, this simple truth is often forgotten—especially when misfortune enters our life and we are sparing no resources trying to help ourselves or our

loved ones. And hospital physicians are often forced to ask a patient's relatives to give blood. The shortage of blood and blood substitutes has immediately spawned a criminal business. Street dealers very boldly selling both albumin and plasma have appeared in Moscow in great numbers. Beware of buying similar preparations from so-called "unestablished individuals." Laboratory studies of the blood substitutes demonstrate that they have been isolated from the blood of animals, and transfusion of these substitutes into a human may cause death.

If necessary, use the following opportunity. Come to the Blood Transfusion Center and donate your own blood. In exchange, you will receive the very same quantity of the necessary blood group.

Inferior Water Linked to Disease Outbreak

94WE0056H Moscow IZVESTIYA in Russian
7 May 93 p 4

[Article by Lidiya Ivchenko: "The Water Is Becoming Dangerous"]

[Text] There was a time when water from the tap could be drunk in peace, even unboiled. Unfortunately today this is only an apparent state of well-being: Last year 16 outbreaks of infections from which almost 2,500 persons suffered were registered in Russia at the fault of water supply systems.

What we are talking about in this case is only the mass outbreaks, in which the number of victims is in the tens and hundreds; this is not including the isolated cases, or ones which may be classified as causing minor unpleasantness, like water in Moscow in spring. However, water recently flowed from Moscow's taps with the obvious odor of manure.

"This phenomenon has already become a tradition," said A. Rogovets, chief specialist on water supply problems of the State Committee for Sanitary-Epidemiological Oversight. "The moment spring begins, you have manure in the water sources.... The farms violate the procedures of applying organic fertilizers to fields: Rather than trucking them in in fall, before the snow falls, they do so in winter, applying them over the snow. The thaw begins, and everything flows into the water basin, rather than penetrating into the soil."

In order for the quality of drinking water to be high, the source itself must first correspond to sanitary requirements. But when it comes to our water basins, the question is, what isn't in them—toxic chemical compounds, heavy metal salts, phenols, viruses, agents of parasitic diseases.... Today one out of every eight samples of tap water is unsatisfactory with respect to bacteriological indicators, while one out of every five is unsatisfactory in its chemical indicators, due to incomplete treatment that is unable to cope with massive contamination of sources. Of the water pipelines taking water from open-air water basins in the country, 44.4 percent do not have the full complement of treatment facilities, while in Arkhangelsk Oblast, Karelia and the Volga region a third of the water supply facilities supply water without decontamination.

On the whole, around half of Russia's population is forced to use drinking water that fails the hygienic requirements in relation to a number of indicators. And the water supply nets are so worn that the number of accidents reaches 75,000 per year. Why should we be amazed if infections rise here and there, and the sanitary-epidemiological service has to quench the flames under emergency conditions?

"The epidemiological danger of drinking water is growing," said Yevgeniy Belyayev, chairman of the State Committee for Sanitary-Epidemiological Oversight. "Each year cubic kilometers of untreated or insufficiently treated liquid wastes are dumped into water basins. The Don has already transformed into a settling tank, and cholera is registered along its shores in population centers just about every year. Due to intestinal infections and hepatitis the Russian economy has suffered losses of 1 billion rubles annually in 1991 prices; today this is probably in the hundreds of billions. But infections are not the only problem. Drinking water now contains chemical and other toxic impurities in amounts dangerous to health. Were we to monitor water quality not on the basis of the 28 leading indicators of our All-Union State Standard, but by the 100 recommended by WHO, which suggests stiffer norms for the concentrations of lead, arsenic, cyanides and other such impurities, I'm certain that drinking water would fail the standards in 90 percent of the cases. But in order to carry out deeper analysis, we need a dependable monitoring system, which we don't have."

As we can see, there are many problems in this area. A meeting of the presidium of the Russian Academy of Medical Sciences held jointly with the State Committee for Sanitary-Epidemiological Oversight was devoted—for the first time!—to the critical water supply situation. This meeting was held because, in the words of academy President V. Pokrovskiy, we are talking about the nation's future. "Research by Russian and foreign scientists has now revealed the presence of a new class of biologically active compounds in contaminated water, called DV molecules," said Academician V. Pokrovskiy. "These substances of microbial origin, which are released by natural aquatic inhabitants when conditions are unfavorable to their life—as defensive, adaptive reactions—are dangerous to human health, and have a deleterious effect upon the immune system and other body functions. And modern water treatment technology does not permit their complete removal."

Scientists will soon submit their recommendations on sanitary norms and rules, in accordance with which the All-Union State Standard will be reviewed. Twelve new monitoring indicators are to be introduced just for organic impurities in water. The State Committee for Sanitary-Epidemiological Oversight, the State Standards Committee and the Committee for Housing and Municipal Management of the Russian Ministry of Construction have written a draft of the Russian Federation law "On Providing Drinking Water to the Population," which was submitted to the Supreme Soviet for examination.

And until the law is enacted, and until the program is implemented, it would be worthwhile to acquire individual filters to purify tap water.

Novel Water Filter Tested

94WE0022D Moscow IZVESTIYA, in Russian
25 Aug 93 1st Ed. p 6

[Article by Lidya Ivchenko of Izvestiya, under the title: How to Filter Out Our Unpalatable Stuff]

[Text] The article RA Dangerous Russian Product -Water (Izvestiya, No. 136, 1993) has generated a real explosion of all sorts of information concerning water, its capacities, treatment technologies, and water purification devices.

It turns out that, in addition to household installations, collective purification installations are being set up for hospitals, cafes, or organizations wishing to provide their staff with good water. The Polimersintez Scientific Production Association [NPO], in particular, is manufacturing such devices. The developers have given one of their products as a gift to Vladimir Lying-in Hospital No. 2. By the way, the Rucheek-1S and the Rucheek-2S household water purifiers, which we had mentioned in a previous publication, already have certificates of compliance, so that now only the price can be a cause for reflection for a purchaser. "Most of the inhabitants of our planet are aware of the necessity of purifying water", says Corresponding Member of the Russian Academy of Medical Sciences, Yu. Rakhmanin, Chief of the Laboratory of Drinking Water Supply of the Sysyn Scientific Research Institute of Ecology and Environmental Hygiene.

Yuriy Antonevich, chief of the water country, as his instrument developers jokingly call him, as he is the chief expert of the WHO on water supply questions, knows everything there is to know about water purifiers, all the more so since domestic water purifiers undergo testing in his laboratory. He divides these devices into two generations.

Devices based on the principle of filtration or absorption purification belong to the first. These instruments have one essential deficiency: they only partially reduce the bacterial and chemical contamination of the water. The best-known representative of filters of this type is the Rodnichok. They also include the TRosaU of both modifications, the TMechtaU, and the TKolokolchikU.

A whole collection of water purifying devices has been gathered in Professor Rakhmanin's laboratory, from individual devices, in the form of a small tube, through which one can drink water from any source on a hike, to stationary devices, installed in kindergartens, hospitals, and cafes. The individual filters have proven to be better than foreign ones in effectiveness, although more poorly designed: the service life is three times longer, and in addition they kill viruses. The individual filter, RodnikS, of the All-Union Scientific Research Institute of Medical Polymers [VNIIMEDPOLIMER] was in its time even awarded a prize of the Council of Ministers of the former Soviet Union. All of these are water purifiers of the second generation, in which complete decontamination of the

water of both viruses and bacteria and agents of the parasitic diseases is ensured through iodine-containing reagents.

But there are no analogs of this device in the world, says the professor, pointing to a light plastic cylinder with an intake tube attached to the valve, and an output tube delivering prepared water.

The device is called the Izumrud. And it purifies water on the basis of an entirely different principle, through electrolysis. In it water passes through three stages of purification. First it is subjected to anodic oxidation; microorganisms and organic and other contaminants are decomposed in the process. Then compounds of active chloride are destroyed, and finally neutralization of heavy metal ions takes place in the anodic chamber; these become nontoxic, harmless for man. Electrochemical activation does not simply purify water, it makes it, in the words of the development engineers of the Russian-American Emerald company, active; this is living water, close in quality to spring water or to the melt water of glaciers. And such water is especially useful.

Surge in Rodent-Borne Diseases

93WE0531A Yekaterinburg URALSKIY RABOCHIY
in Russian 13 Jul 93 p 1

[Article by Ye. Vladykin; "Alarm! There's the Smell of Plague in the Air"; first paragraph is URALSKIY RABOCHIY introduction]

[Text] A dramatic rise in number of rodent-borne diseases has been noted in the oblast.

According to data of the Oblast Sanitary and Epidemiological Oversight Center, 148 cases of pseudotuberculosis (including 4 outbreaks in children's preschool institutions) and 56 cases of intestinal yersiniosis in the first 6 months of this year. Let us note, for the sake of comparison, that 8 and 15 cases of these diseases, respectively, had been reported for the same period last year. Fresh vegetables that stored for some time at rat-infested warehouses of trade bases and stores are increasingly often the source of infection.

As we know, rodents are also involved in the spread of tick-borne encephalitis. Fortunately, there is still no tularemia, God forbid, or plague, yet these most dangerous diseases are also transmitted by rats and mice.

Wherein lies the cause of the unprecedented surge in morbidity? Specialists believe that it is not a matter of natural growth of the rodent population (in this sense, the situation is quite usual this year), it is simply that people have virtually stopped controlling this long-tailed filth.

Deratization, i.e., extermination of rodents, has been always the concern of disinfection and prevention stations and departments, which are paid for their work on a contractual basis. At present, many enterprises have more important things to think about than rats, and for this reason all the necessary conditions for reproduction and improved diet are provided for these animals. And the disinfection and prevention service is falling apart before

our eyes, people are quitting because of the low wages, there are not enough modern poisons, transportation, needed materials and bait.

Payment for rodent extermination work from the local budget is the logical solution for this situation. After all, the Moscow city council adopted a decision that provides for comprehensive, regularly scheduled deratization (rats must be exterminated everywhere, in the residential sector, developed areas, and who is to pay the expense?). The authorities in the capital have allocated considerable budgetary funds, and have made it incumbent on all enterprises, regardless of forms of ownership, to conclude contracts with disinfection-prevention stations; they have implemented a number of measures to furnish this service with everything it needs, as well as for technical-engineering protection against rodents.

Moscow was the first to come to its senses. But the people of the Urals are maintaining an aloof calmness: they are not worried, so be it....

Russia-Syria Form Public Health Alliance

94WE0136C Moscow ROSSIYA in Russian No 49
(159), Dec 93 p 2

[Article by A. Dubinskaya, "Name Obliges"]

[Text] One of the methods of improving the well-being of Moscow's 120 self-financed hospitals is affiliation with commercial structures. Compared to medical service fees abroad (75,000 dollars or higher), 500,000 rubles for two weeks in a boarding house, an examination by one of the medical luminaries—ophthalmologist Academician Arkadiy Nesterov—and treatment or bloodless liver operation using Western practices is a negligible amount. Yet it is still out of reach for 80% of Russian citizens.

To improve free service to indigent patients in the hospital's self-financing wards, Clinical Hospital No. 15 in Vykhino found a reliable source of "off-budget" financing—the "Avicenna" Russian-Syrian joint venture (SP). In 1988, the hospital became its principal stockholder after acquiring 69% of the shares. Here, top-notch service and treatment are offered to the well-off, while the resulting resources "work" for the entire hospital complex.

The positive impact from such interaction is indisputable. Deputy Director of Moscow's Chief Medical Administration Aleksandr Lukashev commented thus on the outlook for cooperation with commercial structures:

"No obvious disaster with medical service can be foreseen at the capital's hospitals since budget allocations with a 2.5-fold "padding" for inflation on a quarter-to-quarter basis amounted to 65 billion rubles during the summer (it was 15 billion at the start of the year—A.D.). Yet despite future centralized shipments of powerful antibiotics, anti-cancer preparations, and equipment to the clinics under direct contracts with various companies, there is still a shortage of anesthetic drugs and ultrasonic and endoscopic equipment. Consequently, we are supporting any form of

property in public health—sole proprietorship or joint-stock companies—which provide medical assistance at a proper level and advance Moscow's health services."

UNESCO Sends Vaccination Aid to Russia

94WE0085F Moscow NEZAVISIMAYA GAZETA
in Russian 9 Nov 93 p 6

[Article: "Russia Will be Vaccinated"]

[Text] The world community is very troubled by the current diphtheria epidemic in Russia. Thus, UNICEF began implementing the "Vaccination" project, under which three refrigerated cars carrying diphtheria vaccines will soon arrive in Russia.

"The project encompasses not only the Russian Federation but also all former republics of the Union, in which an unfavorable epidemiological situation has also evolved," said UNICEF representative Justin Heller (USA) at last evening's meeting with journalists in the State Committee for Sanitary-Epidemiological Oversight.

Cuba and Tajikistan Aid Victims of 3-4 October Conflict

94WE0136E Moscow IZVESTIYA in Russian
No. Unknown, Oct 93 p 3

[Article by L. Chakhmakhchyan, Russian Federation Government, "Cuba and Tajikistan Offering Humanitarian Assistance to Moscow"]

[Text] CIS and other countries throughout the world are providing emergency assistance to Moscow clinics which accepted for treatment the persons injured on 3-4 October.

Here are some reports from the dispatches of the Commission on the Issues of Humanitarian and Technical Assistance at the Russian Federation Government. Tajikistan, despite its own misfortunes, sent approximately 50 t of canned juices to Moscow (apricot, grape, and pomegranate) and 40 t of fresh tomatoes, grapes, and watermelons which will be sent directly to the capital's hospitals.

Although it may appear strange, but the list of "donor" countries who responded to the Moscow tragedy include Cuba and Ethiopia. Fidei Castro, in particular, promised to send plasma and drugs, while the Russian Federation Embassy in Ethiopia and the Red Cross hospital are sending 400 dressing and bandage kits and 150 catheters for the military hospital in Balashikha which is treating soldiers from the Dzerzhinskiy division.

As always, the European Community did not stand idle; its assistance amounted to 300,000 ECUs. In addition, Moscow physicians will receive drugs and preparations from governments and philanthropic organizations in Denmark, Turkey, Switzerland, Italy, France...

The Russian Peace Fund sent 5 million rubles as assistance to Moscow's first-aid workers—physicians, nursing aides, and ambulance crew drivers who were the first to give assistance to the wounded during the tragic days of

October. In addition to money, family members of the ambulance workers who have children will receive toys and gifts.

The fund has specific addresses and lists of persons and crews who bravely and without fear of danger worked under the hail of bullets on 3-4 October.

The Russian Peace Fund is appealing to the leaders of enterprises, commercial structures, associations, and banks to join them in this charitable action and transfer funds to Account No. 705001 with a notation "First Aid" at the Orbita Commercial Bank, Correspondent Account No. 161227 at the Russian Commercial Center of the Main Administration of the Russian Federation Central Bank, Ministry of Finance, 201791.

Russian Religious Restrictions Stall US Aid Trip

94WE0025A Moscow TRUD in Russian 13 Aug 93 p 2

[Article by Vissarion Sisnev: "First Aid" Delayed: Why Your Correspondent Needs To Write a 'Self-Refutation'"]

[Text] Washington—Last week my report "'First Aid' for Russia" was published. In it I stated that a large group of American medical personnel would soon be dispatched to Novosibirsk to help with their practical experience, drugs, and education. One of the initiators of this noble business was Doctor Bruce Sanderson from Arkansas, the birth state of President Clinton. After learning about him, the President wrote a personal letter to the trip organizers, emphasizing that direct cooperation between his fellow countrymen and Novosibirsk City Hospital No. 25 seemed to him to be a "splendid project that can bring much good." The departure was planned for the middle of August.

Unfortunately, today I must refute my own information. The journey has, at best, been delayed for a long time. Doctor Sanderson sent a letter to Aleksandr Bychkov, chief physician at hospital No. 25, in which he explains what happened in the most delicate tones. Assuring his colleague that it was not easy for the group members to reach such a decision and that the arrival of American "first aid" in Siberia is not being canceled but only put off into the future, Doctor Sanderson reports that the refusal of a number of specialists was dictated by the fact that in their opinion, the religious bans approved by Russia's Supreme Soviet are unacceptable.

It may of course be said that the physicians do not necessarily need to react so strongly to the decision of another country's parliament and that denying humanitarian aid for this reason is not very logical. As is known, however, each monastery has its own rule. Not only the physicians, but many others in the United States as well, view the Supreme Soviet's recent decision regarding limiting the activity of representatives of foreign religious organizations as a return to the epoch of violating human rights. American legislators, colleagues of our deputies,

have both in groups and individually approached president Yeltsin with the urgent request that he carefully weigh everything on the scales of justice before signing the draft legislation of 14 July.

Included among them are such renowned politicians as senators Richard Lugar and Jessie Helms and house members Christopher Smith, Henry Hyde, and Frank Wolf. In a separate letter, Senator Phil Graham argues his negative reaction to the Russian draft legislation with the fact that for 200 years already, Americans have considered the right to profess one religion or another one of the fundamental human rights. And Samuel Eriksson, president of the association Lawyers International, noting that his organization consults the leaders of 200 million Christians, recalls the words of Professor Robert Jackson, chief prosecutor at the Nuremberg process, regarding the fact that many "inconveniences" must be put up with in the name of freedom of religion, speech, and the press.

INFORMATION. The U.S. legislature does not specially regulate the religious and missionary activity of foreigners within its country's territory, but it does provide for specified visa control. Since 1 October 1991, the Immigration Service has issued a special category R visa to individuals desiring to come to the United States for religious activities. It applies to clergy professionally executing their activity at KOKFESSII of which they have been members for two preceding years (of course this also applies to representatives of the Russian Orthodox Church), as well as to individuals working professionally for religious organizations in the United States and individuals working in organizations or tax-exempt affiliates as professional clergy. Such a visa is valid for 5 years.

The category R visa, like any other, strictly regulates what a person receiving it may and may not do. First, each person who applies for it must be a member of a religious community belonging to a corresponding American non-commercial religious organization (there are commercial ones as well). Second, holders of a category R visa are not permitted to perform nonprofessional work for their religious communities or work for other religious communities or any other employers in addition to or instead of working for their sponsoring religious community. The purpose of these restrictions is to prevent the entry of individuals who have no relation to religious activity but who simply wish to get into the United States for one reason or another.

Russian AIDS Statistics Reported

94WE0024D Moscow MOSKOVSKIYE NOVOSTI
in Russian No 34, 22 Aug 93 p 3

[Unattributed article under "Medicine" rubric: "666 Infected With AIDS: As Many HIV Infection Cases Recorded in Russian in Mid-August"]

[Text] According to official World Health Organization data, more than 611,000 cases of AIDS have been recorded throughout the world. The American continents rank first, where the diagnosis has been given to more than 313,000 residents. The greatest number of patients have been

discovered in the United States (242,146), Brazil (31,364), and Mexico (11,034). Africa is in second place. More than 211,000 cases have been recorded there. Europe follows next with 81,000 AIDS patients. France holds the record (21,487). Spain (14,991) and Italy (14,784) are catching up with her. And finally, according to official data, 2,582 cases of the disease have been recorded in Asia. Specifically, 508 cases have been recorded in Japan and 242 in India.

According to Ministry of Health information, Russia recently reached the magic number of 666 cases of HIV infection. Thirty adults and 59 children have already died. In addition, in Russian territory, HIV infection has been discovered in 422 foreign citizens. All have been deported.

Russian AIDS Statistics Summarized

94WE0136A Moscow NEZAVISIMAYA GAZETA
in Russian No Unknown, Jan 94 p 2

[Article by ITAR-TASS, "697 Persons in Russia Infected With AIDS Virus"]

[Text] As of today, the 697 persons infected with the AIDS virus in Russia reside in 53 territories of the Russian Federation. Of these, 280 are children. The number of AIDS-infected adults who have died has reached 98 persons, 61 of them children. Medical workers are attributing this increase in the number of infected children to the fact that between 1987 and 1993, 17 children were born to mothers infected with the HIV virus. The number of AIDS patients at the stage where the virus carrier is already recorded as being sick is increasing slowly yet steadily. As of today, 127 adults and 90 children are affected, while 79 adults and 52 children have already died. During the past year, 497 foreign citizens infected with AIDS have been identified in the Russian Federation. All of them have been deported.

New AIDS testing Rules in Sakhalin

94WE0103D Moscow NEZAVISIMAYA GAZETA
in Russian 15 Sep 93 p 6

[Postfactum brief: "New AIDS Testing Rules Introduced on Sakhalin"]

[Text] According to new rules approved by the lower Soviet of Sakhalin Oblast, patients possessing several dozen "suspicious" diagnoses and clinical symptoms—from jaundice to inexplicable weight loss—will now be obligated to undergo AIDS testing in local medical institutions. Pregnant women, children and patients finding themselves in hospital resuscitation, oncological or hematological departments, as well as persons in the "risk group" are subject to testing. Besides medical workers and donors, hotel workers and diplomats are now among those who are obligated to undergo testing in view of the particular features of their occupations (diplomats will do so only with their consent).

First AIDS Case in Sakhalin

93WE0520D Moscow *RABOCHAYA TRIBUNA*
in Russian 26 May 93 p 2

[Article by Boris Reznik, IZVESTIYA correspondent, South Sakhalinsk: "AIDS Has Traveled All the Way to Sakhalin"]

[Text] The first AIDS patient has been detected in South Sakhalinsk. He was a relatively young man who had never traveled abroad.

That is all that was reported about the patient at the Oblast Center for AIDS prevention and Control. The rest is a doctor-patient privilege.

The virus of the "plague of the 20th century" was detected when the patient visited the rayon polyclinic for a quite different and insignificant illness. At present, physicians are investigating this first patient's contacts. Incidentally, a correction must be made: first officially detected HIV carrier. In the opinion of specialists, there are up to 10 undetected cases for each one that is found.

AIDS Measures Deemed Effective

94WE0056A Moscow *PRAVDA* in Russian 1 Jun 93 p 4

[Article by Olga Veldina: "AIDS: Not Yet an Epidemic, But..."]

[Text] It's not my habit to read newspapers in the metro. So, having eyed the tired, ordinary faces opposite me, I raised my gaze to an advertisement inviting us to be tested in the AIDS diagnosis office of the Institute imeni Sklifosovskiy. I liked the invitation. Not in the sense that I had any apprehensions about myself but because the entire procedure cost three ice creams—150 rubles.

We don't see huge columns of tragic numbers at the Sklifosovskiy Institute's laboratory of clinical immunology and AIDS diagnosis yet, thank God. This year only six persons were registered with a positive HIV test, two of them being foreigners. (Let's compare with previous years: eight persons in 1991, five of whom were foreign students, and 13 in 1992, to include 10 of our fellow countrymen).

Approximately 85 percent of all tests represent those carried out officially and mandatorily prior to surgical operations, or those necessary for travel abroad. The rest are anonymous, from 60 to 100 persons a day.

Sergey Kudryashov, a doctor and a lab technician, can't say yet that AIDS has reached epidemic proportions. But there are of course no grounds for reassurance. If the figures of this laboratory may be considered to be not entirely indicative, here are data from the Russian AIDS Control Center: 650 Russian citizens infected with immunodeficiency virus have been registered, and 81 persons have already died as of the beginning of this year. Foreigners make up an extremely substantial number—421 (since 1987). In this case 82 infected former Soviet citizens were registered in 1991, 85 were registered in 1992, and this year just 38 have been registered as yet. There were 13 foreigners in 1991, 26 in 1992 and three in 1993.

As you can see, while the number of infected persons is steadily rising, an abrupt increase has not yet occurred. Vadim Pokrovskiy, the director of the Russian AIDS Control Center, feels that this is associated with the effectiveness of certain measures, as a result of which the natural transmission pathway has now been practically closed off. Thus, since 1987 not a single case of infection with the virus during blood transfusion has occurred. Infections arising as a result of the use of dirty syringes have not occurred since 1990. However, sexual transmission of the infection is gaining momentum. Of the total number of adults possessing the immunodeficiency virus 30 percent are women. Homosexuals are not far behind. Their share is 30-40 percent. What is surprising is that not a single case of infection associated with drug use has yet been registered.

"What we need first of all is effective prevention—training and education," said Vadim Pokrovskiy.

It wouldn't be bad for the government and the Supreme Soviet to remember this. After all, a state AIDS control program still hasn't been adopted.

AIDS Insurance for Medical Workers

94WE0056B Moscow *NEZAVISIMAYA GAZETA*
in Russian 20 Mar 93 p 2

[Text] Ryazan. The Meshchera Insurance Company has insured 5,578 physicians and 13,683 medical workers working with blood against AIDS free of charge. According to the policy the insured have the right to a one-time payment of 100,000 rubles in the event of infection with AIDS virus. This agreement is effective until 1995.

Children's AIDS Center Opens

93WE0542G Moscow *IZVESTIYA* in Russian No 154,
Aug 93 p 2

[Article by Sergey Krayukhin, St. Petersburg]

[Text] A center for treating children infected with AIDS opened in the hospital in the village of Ust-Izhora near St. Petersburg.

Children have gathered there together with their parents from Russia's various regions, primarily from the Russian hinterlands. The reputation of the Ust-Izhora oblast hospital is already quite high, and not only in medical circles. Sufficient experience and professional skills of center employees are magnified here by their rare good will and responsiveness to each patient. The high level of laboratory diagnostics, modern treatment procedures augmented by total anonymity of treatment—all this is very important for the parents who are trying to protect their children from today's and tomorrow's psychological traumas.

The work of this unique children's center became possible due to the assistance of labor leaders from the Norwegian city of Trondheim.

AIDS Strikes Children in Volgograd, Goes Underground in Donetsk

94WE0057A Moscow KOMSOMOLSKAYA PRAVDA
in Russian 14 Sep 93 p 2

[Article by Irina Chernova and Aleksandr Maksyuk: "In Volgograd Death Hasn't Grown Out of Knee-Pants Yet, While in Donetsk it is Roaming Unidentified"]

[Text] When the last youngster infected in Volgograd Oblast dies from AIDS—a sudden and incomprehensible outbreak of disease in Southern Russia—all but the unfortunate parents will probably forget about this.

It has already been half a year since the 3-year statute of limitations on the criminal AIDS case. The former director of the city health department advanced in his career as far as deputy head of the oblast administration, and even mothers, left alone with their grief, no longer haunt the thresholds of the Volgograd mayor's office and city health department asking for help for their children in food, money and medicine, so as to make it until the world invents a medicine against the frightening ailment. Some of them write letters and describe their misfortune only to a certain woman who is not invested with power and who lives in Tyumen—Tatyana Khrustik. In her own life she experienced what it means to live and know that your child may die at any minute.

Now Tatyana Petrovna, who doesn't trust the local authorities and the oblast health department, goes from one commercial firm to another in her search for assistance. Strange as it may seem, sponsors are still to be found. The Tyumen Avantash Bank, the Trigon firm, an airline company, the Volgograd Transportation Administration, and Norwegian trade unions. The director of Moscow's Astra Company, Mikhail Semenovitch Tsivin, explained his assistance—paying for medicine for AIDS patients—with just a single phrase: I am a human being, and I want children to live.

But in the last half year four youngsters died in Volgograd—all boys. And other boys who are older and quite healthy are beating on the windows of the AIDS center.

Of 42 infected children, 34 remain among the living. And this is just in Volgograd Oblast. They are hidden from everyone. Trying to remain incognito, the parents sometime even refuse benefits to which they are entitled.

A 5-year-old girl almost succumbed to AIDS while mother frantically raced through the rayon in search of a telephone to call an ambulance. You couldn't go to your neighbors, after all, and you're not going to utter the diagnosis aloud. But many families with sick children still don't have telephones. Volgograd authorities promised to help, but they haven't supported their decision with money.

Today most mothers who as a rule have two dependent children, one sick with AIDS, are living on a disability pension and assistance.

The only place in Donetsk where there are no lines is the anonymous AIDS testing office. And for no good reason, believes N. P. Grazhdanov, director of the oblast center

fighting the frightening disease. From the moment when it became clear that immunodeficiency virus knows no boundaries, 36 infected persons were revealed in Donetsk Oblast, three of whom have already died. Twenty-five out of these 36 turned out to be foreigners, and were deported. However, there are no grounds for reassurance. In N. P. Grazhdanov's opinion there are around 150 AIDS virus carriers in Donetsk Oblast, of whom both the authorities and doctors are unaware. People at the bottom of the ladder are a special headache to medical workers. It doesn't appear that they enter into any kind of relations with foreigners, they prefer drinking perfume to taking drugs, but they still manage to catch the fatal disease somehow.

The example offered by the most recently revealed virus carriers is traditionally instructive in this aspect: A fitter working for a certain enterprise in Makeyevka lived in a dormitory and was not distinguished by an especially sober view on life; a young lady who had a dozen sex partners was able to communicate only their first names, and nothing more.

Authorities Seek Cause of Mass HIV Infection of Rostov Children

94WE0056G Moscow SEGODNYA in Russian
20 Apr 93 p 6

[Article by Igor Stadnik: "'Dirty Syringes'—Not the Only Cause of AIDS Infection"]

[Text] There were 268 of them—children infected with human immunodeficiency virus (HIV) in hospitals of Elista, Volgograd, Rostov and Stavropol. The outbreak that occurred in the south of Russia in 1988-1989 raised the country right away to the same level as the rest of the world, which had long known the pleasures of AIDS. At the same time it emphasized our vulnerability even here: Rather than having the disease occur in risk groups in large cities, we got AIDS as a children's epidemic in provincial, out-of-the-way places. But if only that were the only problem! In the last 5 years some of the infected children have managed to become adults, but no one is yet certain that such an outbreak will not occur in our country again.

The official explanation was given very quickly—infection occurred due to the absence of disposable syringes and poor sterilization of reusable ones. This was the version presented by Vadim Pokrovskiy, the director of the All-Union AIDS Prevention Laboratory. It took him several days in Elista, where mass infection was first detected, to reach this conclusion. This version was actively supported, including at the international level, by Valentin Pokrovskiy, president of the USSR (now the Russian) Academy of Medical Sciences.

An entire boom of purchasing disposable syringes has passed (as an example Yeltsin brought 100,000 from England, paid for by an honorarium for his book), and production in this country was organized. Concurrently it seems as if the chain of infections that led to the single adult infection in the Elista hospital, which started it all, was untangled. With this, official medicine relaxed. But here's

what's strange—the unprecedented mass outbreak of hospital infection has rather distinct bounds: It began in mid-1988, and ended in the middle of the next year. There were still not enough syringes, the investigation was still ongoing, but the infections had already ceased, as if someone had dropped the boom in the virus's path.

Just 2 years ago physicians of one of the "capitals" of children's AIDS, Rostov, said: "Syringes are far from always to blame. If a child that was already infected was lying in the first floor of the hospital, then another who was on the fourth floor at this time, and who was infected at the same time, couldn't have received the virus from him. Syringes don't circulate between floors and wards." The question, asked in amazement, "So how could he have been infected?", was usually followed by a long stare, leaving the dilettante bewildered.

Nobody wanted to talk in Rostov back then, and no one especially wants to today. But there are grounds for this. In 1989 the AIDS laboratory of the Rostov Plague Institute began its own investigation of the circumstances behind the infection of the children, which didn't fit with the official "dirty syringes" version. Its associates turned their attention to the fact that immunoglobulin had been administered to most of the infected children in the hospital. This preparation is made from blood, including placental blood, which is taken from women during labor. No one asks the female donors for their consent for this—as a rule, they are not even informed that the procedure is taking place. A maximum of 100 milliliters is obtained from one person, while an industrial lot consists of over 100 liters. One can imagine how many people have been "mixed together" to create the preparation. The shelf life is limited. After it expires, anything left over is scrapped.

In several series of experiments the laboratory diligently reproduced the immunoglobulin production procedure after first infecting the raw material with the virus. As a result in the second series of experiments the virus was still alive in the fifth, or second-to-last, production stage. It should be considered that the laboratory meticulously adhered to the procedure, which requires, in addition to other things, the use of alcohol. How strictly it was observed in industry, under the conditions of the fight that was going on then against alcoholism, remains only to be guessed.

The first results were communicated at a meeting of Rostov's extraordinary epidemic commission by the institute director, Yuriy Lomov. And literally just a couple of weeks later the order came from Moscow, from the Main Administration of Quarantine Infections of the USSR Ministry of Health, to close the AIDS laboratory of the plague institute "as being not consistent with its profile." The two series of experiments were the only ones completed.

Mikhail Norkevich, who was then the director of the main administration, now heads the AIDS control department of the Russian Ministry of Health. He categorically rejects the immunoglobulin version. He has his own arguments for this. Nor does Vadim Pokrovskiy recognize it. We

weren't able to learn his reasons, because he refused to talk with this journalist. But neither ever gave reasonable explanations why this study of an alternative approach had to be stopped quickly and at its roots.

One of the main arguments against the danger of infection by way of immunoglobulin is that the initial blood is tested for AIDS. It is in fact tested for antibodies. But between infection and the appearance of antibodies, there is a "dead zone" of from 3 weeks to 3 months, during which tests are blind. If infection and pregnancy occur simultaneously, this would be precisely the time period during which women would go in for an abortion, at which time blood would be taken.

There is one other argument—the procedure itself, which consists of six stages, kills the virus. However, in 1984 HIV was detected in such a blood preparation in the USA. Since that time the finished product undergoes a seventh stage there—processing by gamma-radiation, which kills every living thing. This is a 100 percent guarantee, and it also saves on tests to determine the quality of the blood and the end product. On the backdrop of the punctures formerly suffered by the by-far more procedurally precise and disciplined Americans, the calmness of AIDS fighters in Moscow appears, in the least, as not too justifiably presumptuous.

It seemed as if the disbelief of Rostov doctors in the sole true version of infection was fated to remain at the level of talk—no one is eager to stick his neck out when the two highest AIDS officials are avidly interested in preserving only one cause. But it turned out that there is an unrelated power interested in conclusive investigation of all the details. The procuracy in Rostov has been conducting an investigation since the moment the first infected individuals were revealed.

Examining magistrate Valeriy Lysenko is rather cautious: "Clarification of the causes of infection is still continuing. The personal opinion of no individual, even the most authoritative, can be considered to be the truth until all of the details are clarified." And there is plenty that is unclear: For example, there has been no sanitary-epidemiological analysis of infection in Rostov Oblast. The investigation conducted its own expert examination at the Rostov Oblast Children's Hospital, where 44 children were infected (a total of 99 children were infected in the oblast, and 75 remain alive). After meticulous examination of all cases the experts brought in by the procuracy concluded that for practical purposes not a single child could have been infected by a syringe from the infected girl from Elista who was also lying in this hospital.

After this conclusion the procuracy began searching for the lots of immunoglobulin sent to Rostov in the middle of 1988, and scrapped a year later. Control samples are supposed to remain in the factories making the blood preparations, but the suspected factories remain silent.

In the meantime one other fact that may turn even the local version of infection several degrees in who knows what direction fell into the lap of the procuracy. Until quite recently there were eight infected adults in Rostov

Oblast. One man, and the rest women. The husband of one of the women divorced her after the diagnosis, while another three women became pregnant (after the diagnosis!) and gave birth, leaving their husbands healthy in this case.

And it became clear just recently that there should be many more infected adults in Rostov. Following the death of Gennadi Ilchenko, the director of the oblast's main medical school, it was revealed that he had been ill with AIDS since 1985. While he was alive he was known as a person who could use his official position to his advantage. As it now turns out, not only materially but even physically. After the cause of his death was announced, both male and female students, past and present, and even instructors at the school, who had managed to have relations with the deceased director, appeared for testing at the oblast AIDS centers. The scandal is growing in Rostov's medical circles. However, it turns out that what was a secret in Rostov was known for a long time in Moscow. Ilchenko had been on record at the hospital on Sokolinaya Hill, presently the Russian Scientific and Teaching Center for AIDS, since 1987. It was then, and is now, under the command of Vadim Pokrovskiy, who (no one in Rostov doubts this) set up treatment for Ilchenko without publicity. Unauthorized people shouldn't know about an AIDS diagnosis, but even the chief physician didn't know about this in the oblast AIDS center, which takes care of Rostov Oblast. Two persons infected by Ilchenko have been revealed in Rostov thus far. But few doubt that this is only the beginning.

People infected by the chief of the medical school may be at any of the oblast's therapeutic institutions. Including at blood transfusion stations, and in children's hospitals. The procuracy is preparing to investigate a new version of the possible mass infections—by way of infected medical workers.

As for what conclusions will be reached by the investigation, which has gotten into a matter that is not in its typical line of work, time will tell. But until medicine opts to investigate all versions at a serious scientific level, not one of us can be assured that new hospital infections won't break out.

AIDS Comes to Russian North

93WE0520B Moscow *LESNAYA GAZETA* in Russian
15 May 93 p 1

[Article by Yu. Samsonenko, *LESNAYA GAZETA* correspondent, Tomsk Oblast: "AIDS Is Taking Over the Russian North"]

[Text] For a long time, Tomsk residents have been expecting this to happen sooner or later, some with panicked shudders, others with a feeling of irreversibility. And now the far from glad tidings have spread about an officially recorded HIV carrier in this oblast's cities and villages.

In commenting on this fact, A. S. Chernov, chief physician at the AIDS Prevention and Control Center, reported that Omsk is the only oblast in Siberia that is free of HIV

infection, and it along with 25 other administrative territories of Russia (out of 75) are models of fortitude.

In Tomsk oblast, the administration has approved on an emergency basis a comprehensive program for AIDS control covering a period up to 1995, and perhaps this is enough time for the the community of scientists and physicians to put an end to the calamity that has befallen us.

HIV Carrier Detected in Sochi

94WE0024C Moscow *NEZAVISIMAYA GAZETA*
in Russian 14 Aug 93 p 2

[Unattributed news agency brief]

[Text] Sochi—Yet another person infected with the AIDS virus has been discovered in the city. He turned out to be a citizen of the United States working at one of Sochi's joint ventures. It is known that the American sought the services of Sochi stomatologists. In the opinion of Nikolay Kochetkov, director of the Sochi Center for the Fight Against AIDS, the American was infected while still in his homeland. This is the 11th AIDS patient discovered in Sochi.

Nine Anthrax Cases Found in Astrakhan

94WE0022B Moscow *PRAVDA*, in Russian 31 Jul 93
p 4

[Article by Arkadiy Semenyaka, under the title: Diagnosis - Anthrax]

[Text] Ten residents of the Volodar region have entered the Astrakhan Oblast Infectious Disease Hospital. The diagnosis - anthrax. In the opinion of local specialists, the meat of a diseased animal was the source of the illness.

Emergency prophylactic measures are being taken in the region. These should naturally cut off the spread of the disease. But, after all, it has long been known that our health depends on us ourselves. And under the table goods are not the best acquisition on the market.

Report on Cholera Cases and the Condition of Epidemiology Service

94WE0016E Moscow *SEGODNYA* in Russian
17 Aug 93 p 6

[Article by Anastasiya Naryshkina under the "Extra!" rubric: "Face to Face With Cholera and Plague"; first three paragraphs are boxed boldface *SEGODNYA* introduction]

[Text] As of 14 August, there were two persons with a diagnosis of cholera in Moscow hospitals. This was reported to Interfax in Moscow's main medical administration. One of the patients is a vagrant who is in satisfactory condition at the moment. The second patient is a female medical worker infected by him. Physicians assess her condition as "average severity without signs of worsening."

In addition to these two patients, ambulance teams and internal affairs authorities have sent 10 persons who had been in contact with the patients to Moscow infectious disease hospitals.

As administration workers confirm, the threat of a cholera epidemic for Moscow is no rarity. Each year, patients infected in other countries are present in the city. In all cases, medical personnel have succeeded in localizing the focus and avoiding any consequences for the city.

The "Osoboopasniki"

"Cholera," said Tamara Ivanovna with enthusiasm, "is so beautiful!" and stepped away from the microscope. Tamara Ivanovna heads the laboratory of highly dangerous infections in the Moscow City Center of the Sanitary-Epidemiological Oversight [Note: "highly dangerous" is the English equivalent of *osoboopasnyy*, which is the word from which *osoboopasniki* (persons working with highly dangerous diseases) is derived]. Working under her are several women who are not very young. Their sphere of activity is plague, cholera, tularemia, anthrax, and other scourges of mankind. The scourges, it is true, sit quietly in Petri dishes (more is smeared on saucers) fixed to the bottom by something yellow. After handling the dishes, you rub your hands carefully with pure alcohol, however. In critical cases, when it is necessary to process entire sacks of infected rodents, the women dress in complete anti-plague suits: rubber overshoes, long gowns with ties instead of buttons, gloves, masks, and goggles.

In the laboratory there is silence (most of the people are not on leave) and remarkable cleanliness. The latter is due to the efforts of the sole elderly female medical orderly. There should be six on staff, but there are only half the physicians and laboratory workers needed (3 and 3 instead of 6 and 6). And all of them clean their own offices and valuable laboratory.

At one time, the laboratory was a privileged place. Associates received a 20 percent raise their second year of work here, a 30 percent raise their third year, and a 40 percent raise in subsequent years. For this reason, it was mostly women who had to keep their relatives who became "osoboopasniki." And it is just such women who work here now, even though the privileges have long since become only a memory: They only received their salaries for May and June (20,000-30,000 rubles each) in July.

A Strike as a Means of Easing the Soul

I saw Tamara Ivanovna for the first time in the reception room of Moscow's chief public health physician.

"This is the third time I have come," she complained to the secretary. "I wait and wait and I leave. One hundred thousand indeed, it's a joke!"

It is being demanded that T.I. pay 100,000 for a minor repair in the laboratory. For both her and the chief physician, this is big money that they simply do not have. And how! Only 8 of the 55 million rubles needed for major repair of the Moscow Sanitary-Epidemiological Station has been allocated, and of the 37 million rubles needed for

equipment, they only gave 1.4. T.I., feeling sorry for the chief physician like a woman, dragged out the moment of signing the paper with an enormous figure—100,000. Since April, the Moscow City Sanitary-Epidemiological Station has not paid for its electricity—there is no money. From time to time, the Moscow Regional Power Administration phones the chief physician and threatens to cut off the electricity. "You might get cracking!" answers chief physician Filatov. For now, the Moscow Regional Power Administration is putting itself in his position, but who knows what will happen from one month to the next. "And indeed I cannot stop. I cannot tell the mother of a child who became ill in the Pioneer camp that I have no gasoline to go to him."

Because of a lack of money, 10 district sanitary-epidemiological stations and the Moscow city center nearly went on strike. In any event, they convened a strike committee, organized a meeting, and invited a person from the "higher-ranking body", i.e., the Russian Federation State Committee for Sanitary-Epidemiological Oversight, to it. The guest heard in silence that the sanitary-epidemiological station laboratory assistant in the Southern district earns 8,000 a month, that each day he can only buy a loaf of bread and carton of milk, that that costs 6,000, and that for his 8,000 the laboratory assistant performs up to 500 diphtheria analyses daily.

They say there was a deathly silence in the room and a resounding shout on the platform.

Almost no one seriously intended to strike, however. Chief physician Filatov told me this even before the strike committee meeting. Moreover, one of the district sanitary-epidemiological stations that stopped operating was threatened with general discharge. The most interesting thing is that the threat worked—evidently, the one who wanted to leave had already left.

In 2 years, the sanitary-epidemiological station system has shriveled by half: Only 42 percent of its schedule-stipulated staff now work in it. The epidemiologists have found jobs at rayon polyclinics, where they earn twice as much.

Would it be difficult to create the sanitary-epidemiological station system anew? Filatov, an epidemiologist by education, thinks, "I only felt like a specialist 5 years after beginning to work. That is, beyond all the papers and figures, I see the cause of this epidemiologic situation or that."

Laboratory Life

Tamara Ivanovna did not speak at the meeting. I spoke with her several days later. "Across from us are a produce center and a rubbish heap located so that, from our window, I can see when and what they throw out...At first, I let it pass, but then I watched. It was as if something appeared on the table near my associates. They cut up a rotten cucumber and ate it, and they brought it to their children, if only for some vitamins. And I closed my eyes...And they invited me, 'Take some Tamara Ivanovna.' I could not take it from them".

"We must earn money somehow. One instance of this is enough," I said carefully, "we must introduce paid services."

"Yes, in many sanitary-epidemiological station laboratories (let us say in those where they perform AIDS tests) it is possible to perform contract jobs and receive a total of 100,000-200,000 each."

"But we are the *osoboopasniki*. How can I take money from someone because he is suspected of having tularemia? The Moscow hospitals that have reached agreements with the Moscow Municipal Sanitary-Epidemiological Station pay 700 rubles per analysis, of which the laboratory receives 25 percent. But in the past few years, despite this "very ridiculous price," the hospitals have been trying to get by without this "luxury" and have cut the number of patients screened to a tenth."

"In one quarter the laboratory earned 10,000 rubles for such analyses."

"And finally," says T.I., "I let all this money go on "charity" dinners. The little girls buy bread and preserves. We have a kitchen here..."

The "little girls" are actually not very fortunate women who have sick husbands or parents and who sweep for themselves and others. One of them, a mother of two small children, asks T.I. for leave and collects and sells bottles. T.I. permits it even though she generally does not forgive even a minute's tardiness or early departure: "We must not slack off, we are *osoboopasniki*." But she hardly needs to tell her small group of people. Judge for yourself.

A man who just flew into Moscow yesterday turned up at the hospital with a suspicion of cholera. If the "*osoboopasniki*" give a positive answer, the operations section of the sanitary-epidemiological station (also, moreover, women who are not even between 30 and 40 years of age but increasingly of retirement age) will seek out all persons who came into contact with the patient in Moscow and all those who flew in the same aircraft with it, no matter where in the former Union they may be. A round-the-clock watch will be established, and infinite analyses will begin.

"They simply forget that they have families and children—indeed, this is cholera! In the morning, after a sleepless night, after having seen that the others can't manage, these women voluntarily remain for a second day. And sometimes I ask everything of them. They are simple irreplaceable people."

They are truly downright irreplaceable. In any case, no one is dying to be an "*osoboopasniki*." I well understand those who after having called in response to one of the advertisements Tamara Ivanovna has taped up ("Urgent Need for Physicians, Laboratory Assistants, Medical Orderlies"), quickly excuse themselves and hang up after hearing that they must deal with those things that are most repulsive to women—strange diseases, mice, and the smallest of salaries. "To not smell the smell of decaying mice, burn the cotton wadding, but vomit anyway. Imagine, there stand dozens of deliveries with hidden rodents, and in every little carcass the heart, liver, lymph

nodes, and bone marrow must be found. One must be a very healthy person to perform such work." T.I. also began as a laboratory assistant.

"I have always said: When my nerves are at their breaking point, I will return to the laboratory. I would very much like to leave management and work there with the rank and file. But there is no one left besides me. As soon as I earned my pension, I went to Shestopalov (the former chief physician) with my notice, and he said to me, "You what? We are rebuilding the laboratory..."

"And now it has been rebuilt—and it is a pity to quit: this laboratory is beautiful. And the office! My former office was not a separate office. They were all in one room...But there is a great deal of work, and it is always like being on a powder keg. And it is very difficult to hold a collective in hand."

"How are you able to do it?"

"Truly, the conscientiousness of my workers helps. And then, my strength is some sort of authority. I can win. I tell them: "We are comrades not self-seekers, not businessmen but medical workers."

RF Epidemiology Official Comments on Cholera Spread

94WE0085A Moscow KOMMERSANT-DAILY
in Russian No 154, 15 Aug 93 p 4

[Article by Kirill Dybskiy: "Cholera Vibrio has Grown Up in Moscow"]

[Text] An unprecedented outbreak of acute infectious diseases, including cholera, was documented this summer in Russia. This week a focus of infection was revealed in Moscow. A press conference held by the Russian State Committee for Sanitary-Epidemiological Oversight (GKSEN) was devoted to an analysis of the alarming situation now developing.

As was noted by Aleksandr Monisov, deputy chairman of the GKSEN and assistant Russian chief state public health physician, the epidemiological situation in Russia can be characterized today as alarming. This is associated primarily with interstate migration of the population within the CIS and abroad, and with expansion of the channels of exchange of freight, goods, food products and agricultural raw materials. Outbreaks and spreading of dangerous infectious diseases such as plague, yellow fever, typhoid fever and especially cholera have been observed in this connection. Thus, an unprecedented cholera outbreak was observed in 1992—El Tor Ogava vibrio was discovered in 68 countries of the world, with the total number of patients being 461,000 persons (see table). This year 118,000 patients were revealed in 6 months. The largest proportion of infected individuals is found in the countries of the Near and Central East—Pakistan, Afghanistan, India, Turkey, Syria. An outbreak of cholera was recently noted in a number of regions of Latin America as well.

World Cholera Morbidity From 1983 to 1992 (Thousands of Cases)

1983	64
1984-1989	29-48
1990	70
1991	594
1992	461.7

As Mr Monisov noted, Russia has not been spared this fate either. The last 3 years were extremely strained for Russian epidemiologists: Following a mass outbreak of cholera in 1990 in Stavropol imported from Syria (49 persons fell ill), the situation stabilized, but not for long. This year an outbreak of cholera epidemic imported from India and Turkey was noted (a total of 17 patients in Makhachkala, Nizhniy Novgorod, Krasnodar and Naberezhnyye Chelny). However, medical workers are troubled even more by the appearance of "home-grown" cholera, the source of which is found in Russia's own biological environment. Thus, this year medical workers noted three cholera foci in this country. The first case was documented in May in Kaspiysk (Dagestan)—a certain Sergey Makhin drank his fill of untreated water from a canal. The result—cholera in its most acute form. It was impossible to save the patient. His wife was infected as well. A month later cholera vibrio was found in the body of a 4-month infant in Makhachkala. And then the most alarming communication: On 8 August the police picked up Vladimir Shabunov, a 40-year-old person without a permanent place of residence, at Kursk Station in Moscow. He was in a coma. After he underwent resuscitation *El Tor Ogava* cholera vibrio was isolated from him. Twenty persons who had come in contact with the patient were revealed. Cholera virus has already been detected in the body of one of the orderlies. Yet another person who had come into contact with Shabunov—a 26-year-old driver—fled the hospital on 12 August, and the police are actively searching for him.

The agent of cholera infection—*El Tor Ogava* vibrio—is classified as a "waterborne infection," and therefore it lives and multiplies in the untreated water of open-air sources. According to specialists 50 percent of Russia's population uses water that potentially favors cholera infection.

Responding to questions from a KOMMERSANT-DAILY correspondent, Mr Monisov said that the former USSR republics through which infection penetrates to Russian territory unhindered present the greatest danger to Russia. Thus, cholera is raging now in Tajikistan. Over 100 patients have already been documented, of whom 41 have died. Presence of infamous Somali refugees in the country is also an unfavorable factor. They are a "risk factor" not only in relation to cholera but also in relation to the entire spectrum of dangerous infections. All of this, Mr Monisov emphasized, led to the need for drafting a law "On

Protection of Russian Federation Territory From Importation and Spread of Especially Dangerous Infections" and a federal "Migration" program regulating migration processes.

Cholera Case Reported in Moscow

93WE0542K Moscow TRUD in Russian No 188 (21918), Aug 93 p 1

[Article by Oleg Zolotov]

[Text] A case of cholera illness was recorded in Moscow. This was reported to a *Trud* correspondent by the chairman of the Department of Especially Dangerous Infections at the City Committee on Sanitary-Epidemiological Oversight, Lyudmila Alekseyeva.

The patient is in the city's second infectious hospital. He is Yevgeniy Zhigunov, 48, without fixed place of abode.

Before being brought to the hospital, Zhigunov, in his own words, "had not been feeling well" for about a week. He was working as a guard of a truck in which he also slept. He drank water from ponds and puddles where, evidently, he contracted the infection.

"This is not an epidemic" added L. Alekseyeva. "Individual cases like this occur annually but do not lead to any noticeable consequences."

Moscow Cholera Case Detailed

94WE0016D Moscow ROSSIYSKAYA GAZETA in Russian 14 Aug 93 p 3

[Article by Tatyana Kharlamova: "Wash Your Hands Before Eating and Cholera Will Not Scare You"; first two paragraphs are boldface ROSSIYSKAYA GAZETA introduction]

[Text] Moscow continues to worry: Is cholera an accidental guest here? Who is that mysterious vagrant, a carrier of the virus? Have they found the sources of the infection?

We were able to get in touch with Ludmilla Alekseyeva, one of the chief specialists at Moscow's Sanitary-Epidemiological Station.

"The vagrant came here by chance," said Ludmilla Alekseyeva. "He has been in Moscow since 1989 and has no documents. Where he lived is unknown. He spent 12 years in prison, and all his clothes were pinned together. A Moscow chauffeur hired him to guard his car while it was being repaired. The vagrant was ill for a week without going to the hospital. But when he became much worse and began vomiting, the chauffeur called the ambulance."

At the infectious disease hospital, cholera was suspected immediately. An experienced professor was consulted. The examination confirmed the initial diagnosis. The patient is now in a special department and is recovering. The unfortunate chauffeur is also in the hospital but is, thank God, healthy.

El Tor Cholera Surfaces in Moscow*93WE0542I Moscow IZVESTIYA in Russian No 153, Aug 93 p 2*

[Article by Svetlana Tutorskaya, Izvestiya]

[Text] A patient, Shabunov, without fixed place of abode was brought to the resuscitation ward of Moscow's Third Clinical Hospital in August. He was unconscious and virtually without blood pressure. An examination revealed that he had El Tor cholera.

Today, the patient is doing better. Out of the 20 people who came in contact with him, only one nursing aide was infected. One more person, a driver who is the subject of many rumors, is healthy.

Altogether, there are 17 people infected with *vibrio comma* carriers in Russia: in Dagestan, Nizhniy Novgorod, Krasnodar, and Naberezhnyye Chelny. Among these, Dagestan and Moscow have their "own" local infection. And the remaining cases are related to infection being brought from India, Pakistan, and Turkey.

One patient in Kaspiysk died because he sought medical help too late. *Vibrio comma* was identified in a four-month-old infant with the family name of Babatov—he is in a republican hospital in Makhachkala.

Cholera is not a lethal illness if one seeks physician's help after first symptoms of intestinal disorder. Until the situation normalizes fully (and August is the most dangerous month for cholera), the physicians recommend that you do not drink untreated water, especially from open reservoirs. The cholera pathogen has been identified in open reservoir water even during relatively safe years 1991-1992. Unwashed vegetable and fruit are especially dangerous, and one should be mindful of personal hygiene rules.

The State Sanitary-Epidemiological Oversight took urgent measures to ensure that all plague-fighting institutions are brought into the state of readiness with respect to cholera. Physicians do not expect that the disease will spread widely in Russia. Foreign press agency reports about numerous cholera and malaria patients in Russia (especially the latter—it is not found) are erroneous.

Today, there are more than 100 patients in Tajikistan, and several dozen people have died. A team of experts was dispatched there.

There is yet another danger this summer—mushroom poisoning. The causes of poisonings in Voronezh, Lipetsk, Tambov, and other oblasts have been identified with absolute certainty. All fatal outcomes are due to the fact that pale toadstools made their way into food. This was determined with the help of the best reagents and equipment, and there are no other causes. Starting with July, 52 persons were poisoned in Voronezh oblast, and one died. In Tambov oblast, it is 46 and 8, and in Lipetsk oblast, 23 and 4, respectively. In the mushroom samples studied from these areas, pesticides and heavy metal salts were detected yet these concentrations cannot cause acute poisoning.

Another factor is noteworthy: even a small piece of pale toadstool in a common frying pan may result in poisoning several people. Small children often put these mushrooms into a common basket. The physicians have attempted to check the basket contents of the mushroom hunters emerging from the forest. And what did they find? A pale toadstool was found in one out of eight baskets.

Recent studies here and abroad revealed that it is dangerous to consume *Paxillus involutus*. It may lead to severe allergies.

Food Products Monitored in Moscow Cholera Outbreak*93WE0542J Moscow NEZAVISIMAYA GAZETA in Russian Aug 93 p 2*

[Article by Russian Information Agency]

[Text] The case of cholera illness discovered in Moscow seriously concerned the staff of the city sanitary service, said Chief Sanitary Physician of Moscow Nikolay Filatov in a conversation with a Russian information agency correspondent. Some of them are switched to round-the-clock operation. All alimentary products which may carry cholera pathogens, and this extends to both food produced in Moscow and that brought from other regions, will be subjected to rigorous inspection in order to identify the cholera bacillus [sic]. Nikolay Filatov elaborated that "these measures do not, nevertheless, mean a ban on food imports into the capital."

In his opinion, the source of cholera infection is most likely located in Moscow and calls upon everyone to observe the rules of personal hygiene more carefully and not to consume unwashed foodstuffs.

Cholera-Like Organism Found Near Moscow*94WE0016G Moscow MOSKOVSKIY KOMSOMOLETS in Russian 26 Aug 93 p 1*

[Unattributed article: "Virus Similar to Cholera Causative Agent Discovered in River Near Moscow"]

[Text] Bacteria similar to cholera causative agent have been found about one and a half kilometers from Moscow in the Protva River. The possibility that, in a few days, the bacteria may "swim" downstream to the area near Moscow has not been ruled out.

Laboratory studies of water samples are now being conducted. The analysis results will be known today. For now, medical personnel are puzzling over the riddle of how the bacteria got into the Protva. If it came from the "closed" institutes that were long involved in developing biological and chemical weaponry on the river's shore, it is entirely possible that the study bacteria are causative agents of a disease even more frightening than mortally dangerous cholera.

Cholera Panic Unjustified

94WE0016L Moscow TRUD in Russian 16 Sep 93
pp 1,5

[Article by Nikolay Gogol: "Cholera Autumn"]

[Text] The famous slogan "Either the louse will vanquish the revolution or else the revolution will vanquish the louse" is becoming increasingly topical. The insect is a symbol in a certain sense: It was not its tiresomeness that threatened the bolshevik revolution—louse-borne typhus mowed down people on both sides of the barricades.

Typhus is not yet among us. Just as before, however, infections are approaching and compelling us to understand that regardless of whether you are red or white, you may end up in a convulsive fever and set your hopes on the Lord God and your physician, if he is at your side and if he has the necessary drugs.

Today cholera is causing serious alarm. An outbreak in Central Asia resulting in active antiepidemic actions on the part of local physicians has worried Russia. But what if it suddenly starts off here? Indeed it will start. The extremely rapid spread of the infection is being discussed. As I was informed in the Russian Federation State Committee for Sanitary-Epidemiological Oversight, there are currently 15 cholera patients and eight carriers of the infection in Russia. The disease was mainly carried in from abroad: Nine persons were infected with cholera in Pakistan, and seven tourists "acquired" it in Turkey together with leather consumer goods. It is hardly worth grieving over the "iron curtain" in this regard, but a system to protect the population from imported infections in view of snowballing black-market tourism must be devised in good time. In any case, the draft law developed by the sanitary-epidemiological committee regarding protecting Russia's territory that regulates sanitary inspection at the border should be considered without delay.

Yuriy Fedorov, chief specialist of the Russian Federation State Committee for Sanitary-Epidemiological Oversight, believes that the newspaper panic regarding cholera is unjustified: There is not even any basis for announcing the quarantine that usually follows the infection of 50-60 persons. The country has a sufficiently strong public health service despite the break in ties between epidemiologists of the new independent states. The preparedness of special antiepidemic teams has been increased. The country's leadership is well informed of the epidemiological situation that has developed. The situation is under control...

I remember how during the years of perestroika, the renowned specialist A.I. Kondrusev, chief public health physician of the USSR, said, "Politics does not worry me. It is all sovereignization, etc. You come together, you break apart. But do not break the single sanitary-epidemiological service. Let's not look for trouble." It was as he was looking in water. Infections are approaching on all fronts: cholera, diphtheria, measles, hepatitis. Morbidity due to tuberculosis is threatening...

No matter how much we now talk about integration and strengthening intergovernmental economic ties, let us not

put off until tomorrow the restoration of our sanitary-epidemiological system. Infection, if you will forgive the banality, does not recognize borders, and it is easier to surmount together. Some coordination center that would react instantaneously to danger no matter where it approaches from and that would direct integrated teams to "extinguish" epidemics without delay at any point in the CIS is likely necessary. Today no one is even obtaining elementary information about the dynamics of an infection's spread within the framework of the former USSR. At least call the World Health Organization. And I suspect that in Geneva they now know more than our people do.

Nevertheless, I do not want to leave the reader in fearful anticipation of raging epidemics. There is good news: The epidemic season, which usually lasts from May to October, is coming to an end. Perhaps it will pass.

Cholera-Like Bacteria in Moscow River Identified as NAG Vibrio

94WE0016H Moscow ROSSIYSKAYA GAZETA
in Russian 2 Sep 93 p 2

[Article by Nikolay Kireyev under "Our Own Correspondent Conducts Investigation" rubric: "Cholera 'Canard' on Toxic Pillow"]

[Text] Kaluga-Tula—At the end of last week, radio and television excited Russians with a report that a vibrio similar to cholera vibrio had been found in the quiet and glorious river Protva in the territory of the Zhukovskiy rayon of the Kaluga Oblast (almost in the Moscow suburbs). The Protva is a tributary of the Oka, and there and to its mother the Volga it extends its hand...

To put it briefly, an overstrained people was panicked. I phone Vasily Churin, head of the rayon administration of the motherland of Marshall G.K. Zhukov. I ask him to confirm or deny the information.

"Yes, we just learned of this 'news' ourselves from the Radio Rossii reports and from the television program Utro [morning]," stated the rayon director. "Everything is calm here."

I dial the number of the oblast center of the Russian Federation State Committee for Sanitary-Epidemiological Oversight. S. Pavlov, the deputy chief physician on epidemiological matters, believed that what was found in the water was not cholera but what is called NAG-vibrio [nonpathogenic paracholera vibrios unrelated to the cholera vibrio O antigenic group]. I was advised to turn to A. Ovsyannikov, acting head of the center's department of dangerous infections, for more complete and exact information.

Aleksandr Petrovich confirmed that a vibrio unrelated to cholera was floating in the Protva. It was not discovered accidentally. Local associates of the epidemiological oversight took samples to test for cholera in all rayons from May through September at fixed points on open reservoirs (water discharge and swimming sites). But the final analysis is done in the Kaluga laboratory. A. Ovsyannikov did not know from where the information was leaked.

The takeoff of the cholera "canard" over the Protva echoes the extraordinary incident that happened in Tula's Proletarskiy rayon. There late at night duty nurses of the First Aid station were alarmed by a sharp unfamiliar smell. The called the militia. Upon arriving at the site, the duty person sounded the alarm for the service patrol post service battalion. The militia cut their way through an area with a radius of 350 meters and closed the road. They then summoned workers from the municipal gas service, Vodokanal, sanitary-epidemiological station center, and gas rescue workers.

They tested the gas for its phosgene, yperite, and hydrocyanic acid content and for the presence of other toxic chemicals. But it turned out to be "of an unknown nature." And it came from two feather pillows thrown in a trash container in the yard of an apartment house.

It became clear that specialists from various laboratories have rather narrow capabilities for conducting quick analyses. But they were not capable of establishing the presence in the atmosphere of the gas used in everyday life to destroy those very cockroaches, German cockroaches, and Colorado potato beetles.

Several persons were hospitalized for poisoning as a result of the "gas attack." After a day or two, all they were able to determine was a "charge" of two saboteur-pillows. They were impregnated with trichloromethaphos vapors. Evidently, inexperienced exterminators of cockroaches or fleas stopped up their toilet bowl with them because that was where they were forced to dump so highly concentrated a toxic chemical. They rinsed it with water, they stopped it up with the down feathers, and the poison went to play tricks in the sewer system. And then they threw the pillows in the trash. As you see, our emergency rescue and other services keep a vigil day and night ready to sound an alarm or false call. And really! The unresolved secrets on their conscience—as in the Bermuda Triangle...And all because of a frankly weak laboratory base.

Moreover, those directly responsible for the night alarm in Tula were never found.

Krasnodar Cholera Imported From Turkey

94WE0016F Moscow IZVESTIYA in Russian
18 Aug 93 p 8

[Article by Andrey Aderekhin, IZVESTIYA correspondent: "Cholera Flew Into Krasnodar on an Aircraft From Turkey"; first paragraph is boldface IZVESTIYA introduction]

[Text] Krasnodar—The "cholera story" that occurred in Kuban unfolded almost according to the laws of the detective genre. True, everything luckily turned out without the tragic finale.

From on board the aircraft flying to Krasnodar from Turkey came the message: One of our passengers needs emergency medical assistance. Physicians met the aircraft on the airfield. The patient had already lost consciousness, and his pressure was nearly at zero...

The 53-year-old patient was sent to the infectious disease hospital; however, that left another 27 members of the tourist group and, in addition, 6 passengers from Krasnodar and 6 Turkish citizens who had arrived on the same flight. The Turks refused examinations and left the airport on their own business. The six Krasnodar residents simply hid after passing through customs. By nightfall, they were collected from their homes by "ambulance." And the entire tourist group from Naberezhnyye Chelny were, despite their protests, detained and placed in the hospital.

"The next day nearly all of them were sent home to Naberezhnyye Chelny via a special flight," said M. Mkrtchan, deputy chief physician of the sanitary-epidemiological oversight's kray center. "But here everything did not end without incident: For some reason, the group "slipped in" two persons with symptoms similar to those of cholera, leaving two healthy persons here. Laboratory studies confirmed the diagnosis in the two tourists who still remain in our hospital. Later, studies of specimens collected by us showed that another five of the group members who had flown off also carried cholera's causative agent. Of course, we informed our colleagues in Naberezhnyye Chelny of this fact."

"As it turned out, the group going from Naberezhnyye Chelny to Turkey was in Syria. Barely landing in Krasnodar alive, one man had already felt bad for several days. He hid his condition, however, and tried to treat himself. At the sanitary-epidemiological station's kray center, they told me that his illness was noticed in the group, but they decided not to see a physician. The illness was evidently some sort of complication. Indeed, it was a commercial flight, and the group had carried many things in from abroad."

The patients' condition is now improving. No other cases of cholera in Kuban have been noted.

Cholera Vibrios Detected in Primorsky Krai

94WE0016J Moscow PRAVDA in Russian 11 Sep 93
p 2

[Article by F. Gladkikh: "Cholera Virus in Razdolnaya River"; boldface as published in source text]

[Text] Cholera virus—what is called cholera vibrio—has been discovered in the Razdolnaya River (Primorsky Krai).

The administration and local sanitary-epidemiological services are treating this as exceptionally important and are seriously worried. The Razdolnaya River, which flows into Amur Bay, flows along large population centers through virtually the entire Primorye territory. In view of this fact, physicians are seriously worried that an epidemic may break out at any moment.

New Imported Cholera Case in Moscow

94WE0103E Moscow NEZAVISIMAYA GAZETA
in Russian 15 Sep 93 p 2

[Text] MOSCOW. A new case of cholera imported from abroad was registered in Moscow. A patient from Lebanon was hospitalized in Clinical Infection Hospital No 2 with

dietary toxic infection. Doctors later established the diagnosis—cholera. The city's epidemiological service quickly initiated a complex of measures directed at containing the possible focus of disease.

Cholera Outbreaks

94WE0103A Moscow NEZAVISIMAYA GAZETA
in Russian 22 Sep 93 p 6

[ITAR-TASS briefs: "Cholera Advancing"]

[Text] The number of cholera patients in Russia may increase. This time the vibrio was possibly imported from Bulgaria. According to the State Committee for Sanitary-Epidemiological Oversight signs of illness usually accompanying cholera appeared in a Russian citizen traveling by train from Bulgaria. A group of Russian tourists was riding in the same car. Specialists have to determine whether the intestinal disease the patient has is really cholera. The patient and others who were in the car with him are now hospitalized in Bryansk for establishment of the final diagnosis. And in the meantime the statistics of cholera morbidity in Russia remain the same: 15 patients and 8 carriers of the cholera vibrio. In this case 11 patients and 5 carriers were infected abroad.

Around 600 persons who had contact with vibrio carriers were recently hospitalized in Kazakhstan for cholera testing. Among these subjects, disease has been detected in 16 thus far. Epidemiological oversight has been intensified in Alma-Ata, especially on main transportation routes, in terminals and at airports. For example, imports of vegetables and fruits from the republic's southern regions have been banned. Special attention is being turned to tourists coming from Asian countries by air. Every person arriving in Alma-Ata remains under the observation of medical workers for around a day. As a result several persons infected with cholera vibrio were once again detected on 16 September among foreign passengers in an airplane from Karachi.

A Russian tourist returning from Turkey never made it to his home in Orekhovo-Zuyevo. He was taken off the Sophia-Moscow train at the Romanian-Moldovan border and hospitalized. The diagnosis—cholera. The Moldovan epidemiological service discovered cholera vibrio in another three of his fellow travelers. Moldovan doctors took the necessary precautions, and issued warnings of the danger to the epidemiological services of Ukrainian and Russian cities through which the Sophia-Moscow passes.

Cholera-Like Disease Detected in Russia

93WE0520H Moscow KOMSOMOLSKAYA PRAVDA
in Russian 4 Jun 93 p 1

[Article: "The Threat of an Unprecedented Cholera Epidemic is Looming Over Russia"]

[Text] Two cases of a new type of cholera, against which there are still no means of control, have been recorded in Russia.

As reported to us at the Sanitary and Epidemiological Station of the Russian Federation Ministry of Health, last

week WHO reports were received about an outbreak of a new cholera-like disease in India. At the same time, two clinical patients appeared at a Rostov Hospital, whose symptoms resembled cholera, but the old testing methods did not confirm this diagnosis. As it was learned, the victims had returned several days earlier from a tour of India....

The disease occurs in serious clinical forms. Thus far there are no means of controlling or detecting it. At present, the leading Russian scientists are working on the virus.

Cholera and Intestinal Infections in Russia

94WE0122E Moscow MOSKOVSKAYA PRAVDA
in Russian No 10, 28 Sep 93 p 1

[Article by V. Serezhina: "Fight Cholera and...Mushrooms"]

[Text] As specialists have confirmed, the cholera outbreak in Russia is not unexpected. A sharp increase in this disease throughout the world has recently been noted. International statistics give the following figures: 118,000 persons in just the first half of this year. Naturally, this disease has been brought to us primarily from the countries of the Hindustan Peninsula. But cholera has not just been "imported" into our country. For many years, epidemiologists have found the cholera causative agent, vibrio Eltor Ogawa, on Russian territory in objects in the environment—generally in open water reservoirs. Only adherence to sanitary and hygiene rules can protect us from this terrifying disease: Do not drink untreated water (Moscow residents may because their tap water conforms to public health standards), and wash your hands carefully with soap before eating.

It is not just cholera, however, that currently presents a serious threat to health. The overall epidemiological situation is bad.

This was the subject of a recent press conference organized by the Russian Federation State Committee for Sanitary-Epidemiological Oversight.

Each year, up to 1 million cases of acute intestinal infections are recorded in the country. The cause is poor-quality products and water. Specialists have serious concerns about the increase in mushroom poisonings. Death-cup amanitas are the most frequent but not the only cause. Physicians believe that paxils are poisonous and unsuitable for use.

EC Aid for Cholera Vaccinations

94WE0021C Moscow IZVESTIYA in Russian
28 Aug 93 1st ed. p 3

[Article by Yuriy Kovalenko, IZVESTIYA correspondent: "Europe Will Help Russia Conquer Cholera"]

[Text] Paris—The European Community [EC] has decided to provide emergency humanitarian aid in the amount of 500,000 ecu (\$540,000) to vaccinate the population of the Russian Federation and Transcaucasian republics.

These resources were announced by the EC's chairman in Brussels and are intended for the purchase, shipment, and distribution of vaccines to prevent cholera, diphtheria, tuberculosis, poliomyelitis, and even plague epidemics that the commission believes are threatening the Russian Federation and Transcaucasian region.

Epidemics in Russia

93WE0542N Moscow *ROSSIYSKIYE VESTI*
in Russian Aug 93 p 1

[Article by editorial board]

[Text] Russia's epidemiologists are sounding alarm: the situation in the country with various types of infections is very tense. Now the physicians still have the situation under control, but cholera "import" from the Asian countries has been recorded; it was brought as one of the items acquired by shopping trip participants. We even have our "own" cholera. In Kaspiysk, Dagestan, a patient could not be saved. A three-month-old infant with the diagnosis is being treated today in a local hospital in Makhachkala. A bum, also with cholera, was brought in the infectious disease hospital on Sokolinaya gora on in Moscow. Typhoid fever was recorded in Rostov oblast and anthrax—in the Altay.

Vaccine Safety Concerns and Shortage Underlie Diphtheria Surge

94WE0023C Moscow *SEGODNYA* in Russian No 45,
24 Aug 93 p 7

[Article by Marina Skazkina under the "Problem" rubric: Diphtheria—New Disease Unfamiliar to Our Science"]

[Text] The mass media has already reported several cases of the diseases cholera and malaria in Moscow. Judging by the number of telephone calls to our editorial office, the report has caused panic among a portion of Muscovites. As Anatoliy Solovyev, head of the Main Medical Administration, announced in a conversation with SEVOGDNYA correspondent, however, the statistics on the diseases cholera (4 cases last year and 2 this year) and malaria (33 persons, 24 of them foreigners, have contracted it this year) do not give any basis for worry. In A. Solovyev's words, physicians are alarmed at the increase in adults and children of another highly infectious disease whose initial symptoms are so similar to common angina and diphtheria.

At the end of the 1940s and beginning of the 1950s, more than 20,000 persons died in Moscow each year from diphtheria. Under these conditions, the only correct solution was made—mass mandatory vaccination of the population. By the mid-1960s, the disease's growth curve had fallen sharply, and prior to 1989 the cases of diphtheria in Moscow numbered in the single digits.

It was precisely then that physicians began saying that diphtheria was finally conquered, and some even expressed doubt as to the feasibility of antidiphtheria vaccination. Some physicians suggested that the mercury-containing preparation Merthiolate, which is used as a preservative

for preparing the vaccine, is detrimental to health even though the World Health Organization has officially authorized the use of this preparation.

On the one hand, an entire generation of physicians has grown up who have studied diphtheria's symptoms based on institute textbooks, and on the other hand, most of the population has simply refused antidiphtheria vaccinations. According to specialists' data, about 50 percent of Moscow's permanent residents are not currently vaccinated against diphtheria.

The result has not been slow in coming: according to data from Moscow's Main Medical Administration, 774 persons (197 of them children) have had a confirmed diagnosis of diphtheria in 1992. During treatment, 17 adults and 6 children died. In the first 7 months of this year, 932 cases of the disease have been recorded, and 188 of those cases have been among children. Ninety-five adults and three children have died. It should be noted that not one of those who died had been vaccinated against diphtheria. Specialists estimated that the per capita vaccination of Muscovites for 10 years will cost city authorities 56 billion rubles. Its costs about 4,000-500,000 rubles to keep such a patient in a clinic for 1 day, and diphtheria patients often stay in hospitals for 90 and 120 days each.

"Until recently, the serum for treating diphtheria was supplied by the Stavropolsk Biopreparations Plant," says Anatoliy Solovyev. "Since 1 July of this year, supplies have been halted and we have been forced to buy drugs from abroad, which is of course more (about 30 percent) expensive."

According to physicians' data, Moscow hospitals now only have enough serum to last until the end of the year.

Vaccination Against Diphtheria Urged

93WE0542B Moscow *TRUD* in Russian Jul 93 p 3

[Article by Igor Anishchenko]

[Text] Last year, we broke the European record in the incidence of diphtheria: 120 of our countrymen died from this disease. Compared to the same period last year, today the number of diphtheria patients has increased further by 2.5 times.

Reports about other infections are equally as troubling. One of the principal reasons for this situation is a tenfold increase in the number of citizens refusing preventive vaccination.

Speaking at a physicians' seminar at the Information and Analytical Center of Russia's Sanitary Oversight a year ago, one of the world luminaries in the field of epidemiology, Artur Galasko, noted with alarm that the antivaccination campaign had already inflicted serious harm on children vaccination efforts: 60% of our adolescent generation has dropped out of the vaccination schedule to which all civilized world strictly adheres.

One should not be surprised by this. In medical cooperatives, "kind Dr. Doolittles" guarantee that the toddlers will

be immune to any infection without any painful procedures with the help of drawing up a certain genetic chart. And whose mother would refuse such an offer?! We should acknowledge that the well-wishers do admit that sometimes vaccination is necessary and in this case promise to use not the poisonous "Soviet vaccine" but pure foreign stuff, even if purchased for hard currency.

For example, it is often mentioned that domestic antidiphtheria vaccine has a harmful substance—mertiolate. Indeed, the word mertiolate does not appear in the note to the French antidiphtheria vaccine by the Pasteur-Millet Company. The reason is simple: the same compound and in the same concentration as here figures in the French preparation under another name—thiomersale. Scientists have attempted to identify the harmful effect of this substance under experimental conditions, yet even when laboratory animals were injected with a dose exceeding that given to humans during vaccination by 4,000 times, no deviation from the norm was detected.

People who indeed have serious immunity deficiencies and for whom standard vaccine is fraught with complications number approximately 1.5-2% of the total population. In order to identify them among the rest, reliable criteria are available: certain external symptoms, data on the child development history, or disease of a certain organ. All these "alarm signals" are recorded in a special list of contraindications to vaccination which each epidemiologist and every district pediatrician must follow as faithfully as a faithful Muslim follows the teachings of the prophet. If someone displays at least one symptom of partial immune deficiency, this person is directed to a cytologic blood analysis and is given a special mild inoculation which does not cause complications under any circumstances.

History attests how in the 1970s the British gave up for a time mandatory whooping cough vaccination, and an epidemic broke out in the country. In order to remediate the consequences of this omission, the British Government was forced to allocate considerable amounts of money. Today, financial stimuli exist in the United Kingdom for physicians who have achieved complete vaccination of population in areas where they practice. Here, we have not yet reached an epidemic stage. Yet a dangerous growth of infectious morbidity and mortality is already underway. And if the system of mandatory population vaccination finally breaks down, the Russians will be deprived of one of the few remaining social guarantees—protection from wholesale epidemics.

New Diphtheria Strain Spurs Vaccination Program

94WE0085D Moscow NEZAVISIMAYA GAZETA
in Russian 9 Nov 63 p 1

[Article: "Diphtheria Control Headquarters Established"]

[Text] Only mass vaccination of the population in 17 of Russia's epidemiologically most vulnerable regions will be able to stop the diphtheria epidemic. Such is the opinion of

RF Deputy Minister of Health Aleksey Moskvichev, director of the diphtheria control headquarters established under the Russian Ministry of Health.

Microbiologists believe, he said, that a new strain of disease has appeared, making the situation so acute: Just between August and September the incidence of disease tripled. Today the number of persons hospitalized is nearing 8,000, and 270 persons have died. In the opinion of specialists the serious situation will last into January, and it will not be normalized completely for another 2-4 years.

Aleksey Moskvichev communicated that anti-diphtheria serum producers were given help in increasing their production of the preparation back in August. But the preparation cycle lasts half a year, and there's no time to wait. Consequently the Ministry of Health opted for major purchases for hard currency: Thirty thousand vials of serum were purchased abroad, and they will be placed at the disposal of public health agencies within a week. Doctors will receive a second such lot before 1 January 1994.

Diphtheria Program Considered

94WE0036A Moscow RABOCHAYA TRIBUNA
in Russian 6 Aug 93 p 2

[Article: "Diphtheria: There may not be enough vaccine"]

[Text] In the first 6 months of this year approximately as many cases of diphtheria were registered in Russia as in all of 1992—around 4,000. This ailment has already taken the lives of 104 persons (131 last year). The most unfavorable situation has evolved in St. Petersburg, Moscow, Krasnodar, Moscow and Leningrad oblasts, Maritime Kray and Saratov Oblast. This was communicated to this ITAR-TASS correspondent by Anatoliy Monisov, deputy chairman of the State Committee for Sanitary-Epidemiological Oversight.

Specialists believe the main cause of such swift growth of diphtheria morbidity to be insufficient vaccination of the population. Many parents protest against immunizing their children, while the adults themselves rarely get reimmunized. Nonetheless, vaccine remains the most dependable defense against diphtheria.

Anatoliy Monisov is also troubled by the fact that Russia's supply of the needed preparations is short. You see, the enterprises weren't ready to produce such a large quantity of vaccine, and the production process takes 4-8 months. Such that we can't expect the situation to normalize until next year, the specialist feels. Anatoliy Monisov noted that the government has developed a special "anti-diphtheria" program, which has now been forwarded to the Supreme Soviet. In order to hasten the process of implementing this document the State Committee for Sanitary-Epidemiological Oversight asked the government to begin its financing sooner. The cost of the program is 6 billion rubles over 3 years (disregarding inflation), and a significant share of this money will go to reinforcing the production capacities of enterprises making the vaccine.

In addition the State Committee for Sanitary-Epidemiological Oversight has sent a plan of diphtheria control measures to local agencies, which should help medical workers in remote regions in their fight against the disease.

Recent Disease Outbreaks Detailed

94WE0087B Moscow SEGODNYA in Russian
11 Nov 93 p 8

[Article based on materials from the Postfactum Agency: "A Wave of Infections Rolls Deep Into Russia"]

[Text] Anthrax cases were registered in Iskitim, Novosibirsk Oblast, according to Vladimir Akulov, a correspondent of the Postfactum Agency and director of the oblast center for sanitary-epidemiological oversight. Anthrax was transmitted to butchers and cooks of the dining hall of the local construction administration No 28. The meat had been purchased in Altay, and it was accompanied by a certificate issued by the local center for sanitary-epidemiological oversight.

Four patients are now in the infection hospital. The necessary steps were taken to keep this disease from spreading through the oblast.

A diphtheria epidemic has begun in Vladivostok. In the last few days 85 cases of disease were registered. The average age of the patients is 25-30 years.

An extraordinary epidemiological commission was established in the city administration to eliminate the sources of disease.

According to a report from the Tomsk newspaper KRASNOYE ZNAMYA 29 diphtheria cases were revealed in Tomsk since the beginning of the year, two of them fatal. In the meantime only five diphtheria cases were registered in the past 20 years. The administration head of Tomsk Oblast published a resolution on fighting diphtheria. According to the resolution whenever applicants are accepted for secondary special educational institutions and VUZes, they must present an immunization document. All children in schools, boarding schools and nurseries are to be immunized this quarter. Testing for pathogenic bacteria at industrial enterprises will be one of the diphtheria control measures. The chief physician of the sanitary-epidemiological station has been granted the right not to issue trade permits without presentation of the necessary medical documents. The Tomsk city epidemiological station will be given 5 million rubles to acquire the necessary medical resources.

An outbreak of epidemic hepatitis was noted in schools of Kamensk (Rostov Oblast). Several students have been hospitalized. Several schools and boarding schools were closed in order to prevent the spread of hepatitis. Medical workers believe that overcrowding in the schools, the poor diet of the students and unsatisfactory public health and hygienic conditions were the causes of illness.

Case of food poisoning have become more frequent in Novokuznetsk. Forty-five poisoning cases caused by staphylococcus were registered in the city. It was revealed that most poisoning cases were associated with consumption of poor quality sour cream.

Other cases of mass intestinal infections were also registered in Kemerovo Oblast in October. One hundred forty-two persons suffered typhoid fever, an intestinal infection, because of a faulty water intake in the town of Novyy Karakan (Belovskiy Rayon). Doctors registered over 120 cases of dysentery in Krapivinskiy Rayon (Zelenkova village).

Materials on these cases are being forwarded by oblast centers for sanitary-epidemiological oversight to the procuracy for the purposes of instituting criminal proceedings.

Sharp Rise in Diphtheria in 17 Russian Regions

94WE0087C Moscow IZVESTIYA in Russian
14 Nov 93 p 2

[Article: "Almost 8,000 Diphtheria Patients Hospitalized in 9 Months"]

[Text] The diphtheria situation in Russia isn't just strained—it's becoming critical: Morbidity has risen abruptly in 17 of the country's regions.

"An epidemic may break out in other territories as well," was the pessimistic forecast offered by the Russian Health Ministry's leading expert Mikhail Narkevich. In his words almost 8,000 patients have already been hospitalized in the last 9 months of this year. One out of every 25 cases has been fatal. Scientists believe that a new, more aggressive form of diphtheria bacteria has appeared.

Moscow Flu Cases at Normal Level, but Diphtheria Rises

94WE0136F Moscow KOMSOMOLSKAYA PRAVDA
in Russian No Unknown, Dec 93 p 1

[Article by V. Ivanov, "Flu Passed Us By"]

[Text] During the past week, only one case of flu was confirmed in Moscow whereby several such cases were recorded in the preceding week according to a report to the Interfaks Agency by Moscow's chief infectious disease specialist Nikolay Malyshev. According to Malyshev, altogether the level of flu morbidity does not exceed the usual level. The number of cases is decreasing rather than increasing. In N. Malyshev's prediction, one can hardly expect a serious flu outbreak in the near future. As preventive measures, he recommends that the capital's residents use conditioning, fresh air, plenty of liquids, lemons, honey, and one drug—dibazol.

At the same time, "diphtheria is giving him a much bigger headache" in the words of Moscow's chief infectious disease specialist. N. Malyshev reported that between the start of the year and 25 November, 2,001 diphtheria patients were recorded in Moscow, including 458 children. During the same period, 86 persons died from diphtheria.

In November alone, 316 new patients were recorded, 188 of them children. The number of diphtheria patients compared to the same period of the last year increased by threefold. Mortality due to this disease is increasing even faster. N. Malyshev emphasizes that "the sole preventive measures is vaccination."

According to the Russian Federation State Committee on Sanitary and Epidemiological Oversight, the level of intestinal diseases in Russia has risen again since June 1993 following several rather successful years. In 1992, e.g., the lowest incidence of dysentery was recorded during the entire official recording period for this disease (since 1970).

Yet the number of dysentery patients during the first eight months of this year rose in the Russian Federation compared to the same period of the last year by 21.2%. The greatest increase was observed in the northern and north-western regions. Altogether, reports of 30 outbreaks have been received during eight months by Russia's State Committee on Sanitary and Epidemiological Oversight.

Cases of cholera have also been recorded. In July-August, this diagnosis was confirmed in 11 Russian citizens who returned from India, Pakistan, and Turkey. Two patients were identified in Dagestan and Stavropol kray.

Moscow is High Risk Zone for Diphtheria

94WE0066B Moscow KOMMERSANT-DAILY
in Russian 22 Sep 93 p 14

[Article by Tatyana Sotnikova: "Businessmen Also in the 'Risk Group'"]

[Text] KOMMERSANT-DAILY has addressed the problem of growth of the incidence of diphtheria in Moscow several times, but yesterday Moscow's Main Medical Administration communicated to a KOMMERSANT-DAILY correspondent that the diphtheria epidemic has reached threatening proportions in the city. Last week 147 persons infected by this disease were brought to the hospital. The diphtheria situation is no less complex in the Moscow suburbs.

According to specialists the growth of the incidence of diphtheria is explained on one hand by the fact that "a total victory over diphtheria by medical personnel in the USSR" was officially announced in the mid-1970s, which led to an unexcusable decrease in attention toward this disease. On the other hand the debate that arose several years ago in the press on vaccinations forced many to avoid precautionary measures which they felt to be unsafe. As a result a rise began in the disease in countries of the former USSR in the mid-1980s.

Moscow is one of the most dangerous regions from the standpoint of development of a diphtheria epidemic. Since the beginning of this year 1,140 cases of illness were recorded, including 234 among children. (For comparison: In all of last year 774 diphtheria patients, including 123 children, were registered by institutions of the city's Main Medical Administration.) At first glance the situation in

the Moscow suburbs does not seem so frightening—316 patients in 8 months; however, even this figure is double that for all of 1992.

According to specialists of the city's Main Medical Administration a certain decline in the epidemic was noted in July-August, associated primarily with the vacation season; however, growth of the number of patients was registered in late August. A total of 56 persons succumbed to this infectious disease in Moscow; four of them were children. According to unofficial data each week an average of two or three persons die from diphtheria in Moscow. In the opinion of medical personnel death is guaranteed almost 100 percent for anyone who falls ill and is not immunized against diphtheria.

The social status of diphtheria patients has changed considerably: While last year 100 percent of persons dying from diphtheria were chronic alcoholic patients, now this disaster has fallen upon new social groups. The risk carried by those whose professional responsibilities include communicating with broad strata of people is greater than that of others. Specialists agree unanimously that the sole solution to the situation is diphtheria immunization, which may be obtained in both a rayon polyclinic and in hard-currency clinics and medical centers.

Diphtheria in Moscow—56 Deaths, 995 Cases

94WE0066A Moscow KURANTY in Russian 30 Sep 93
p 3

[Article: "Diphtheria 'Mowing' Our Ranks"]

[Text] Perhaps the most serious problem in Moscow now is diphtheria. Just in the last 8 months 995 persons caught this disease in the capital, at the same time that there were only 424 patients in all of last year. Nor are the statistics of deaths due to this disease encouraging—this year 56 persons died of diphtheria, which is more than double last year's "record." By the way, diphtheria is now "mowing" adults primarily. This is associated with a drop in the population's immune defense. The fact is that immunizations against this disease are effective for not more than 10 years. After this time, they must be repeated; otherwise there is no avoiding the disease. However, our people now shy away from this one word "immunization"—they fear catching something more serious.

Report on Krasnodar Kray Diphtheria Cases

94WE0066C Moscow KOMSOMOLSKAYA PRAVDA
in Russian 12 Oct 93 p 1

[Article by Valeriy Ivanov]

[Text] Eight cases of diphtheria were discovered in the city of Yeysk in Krasnodar Kray, including two cases ending in death. The GKChS [not further identified] press service reported that there are now four persons in the hospital.

Diphtheria Appears in Ufa

94WE0023B Moscow IZVESTIYA in Russian
19 Aug 93 p 1

[Article by S. Kudryashov, journalist]

[Text] Ufa—For the first time in many years, a severe toxic form of diphtheria has been recorded in Ufa. A 21-year-old woman has died. Despite physicians efforts, the patient could not be saved.

In connection with the adverse diphtheria epidemic situation, mass immunization of the adult population has begun in Ufa.

Diphtheria Outbreak in Murmansk

94WE0023D Moscow TRUD in Russian 9 Sep 93 Night p 1

[Unattributed article: "Diphtheria Outbreak in Zapolyarye"]

[Text] Diphtheria, a disease already forgotten by physicians in Zapolyarye, has reminded them of itself menacingly. In the Murmansk Oblast alone, 45 cases of the disease diphtheria have been recorded in the first 7 months of this year. One case had a lethal outcome. Efforts are being made to keep the disease from spreading.

Diphtheria and Scabies in St Petersburg

93WE0542D Moscow KOMSOMOLSKAYA PRAVDA in Russian Aug 93 p 8

[Article by Svetlana Besedovskaya (NK-Press), Vladimir Zarovskiy, staff reporter]

[Text] A high level of scabies and diphtheria incidence has been reported in St. Petersburg. We should state though that the chief expert of the St. Petersburg Sanitary-Epidemiological Oversight, Oleg Parkov, denied in an interview with the NK-Press Agency rumors about an epidemic allegedly breaking out in the city. At the same time, he stated that in July 1993 alone, 333 scabies patients were recorded in the city. Of these, 74 are children under the age of 14. The situation is further complicated in that there is a catastrophic shortage of drugs in the city.

As for diphtheria, St. Petersburg is ahead in the number of patients and morbidity among Russian cities. In July alone, 158 cases of diphtheria were recorded; of these, eight patients have died.

The first cases of diphtheria were recorded in Lithuania this year. A mother and daughter from Kaunas became ill on 2 Aug but sought a physician's help only four days later. The girl who is in a critical condition is in the resuscitation department. There are speculations that she was infected by relatives from St. Petersburg.

Diphtheria in Siberian Military Unit

93WE0542E Moscow KOMSOMOLSKAYA PRAVDA in Russian Aug 93 p 1

[Article by editorial board]

[Text] A large-scale diphtheria outbreak was recorded in Abakan, the administrative center of Khakasiya, a constituent republic within the Russian Federation in south-eastern Siberia. Fifty men are hospitalized in one of the local military units.

Epidemics in Rostov Area

94WE00161 Moscow SOVETSKAYA ROSSIYA in Russian 2 Sep 93 p 1

[Article by Zhanna Kasyanenko, SOVETSKAYA ROSSIYA correspondent under the "Foci of Epidemics Arise on the Don's Soil" rubric: "Winged Cholera"]

[Text] Rostov-na-Donu—The pediatric infectious disease department of Rostov's central hospital is today so full that patients are being turned away. Typhoid fever, dysentery, salmonellosis, diphtheria...Tear-stained mothers, sad and somehow unchildlike eyes of little children on transparent emaciated little faces. "Survive, survive," I want to whisper to each one, "let the fate of that little boy pass you by."

A month ago, a family infected with diphtheria was brought here from the Veselovskiy rayon. The 10-year-old little boy could not be saved. And this is not the oblast's only case of a lethal outcome of diphtheria, a disease that was considered conquered forever many years ago. And that's really how it was in our country. And suddenly—a sharp jump in morbidity this year. According to physician's forecasts, they will not be able to stop it any time soon. It is not a matter of 1 year. And only God knows how many more children's and even adults' lives this contagious disease will take.

It seems that nothing foretold the problem in Volgograd either. But just as suddenly, 130 persons—big and small—ended up on hospital cots with a diagnosis of typhoid fever.

Suddenly a landslide of morbidity due to dysentery, salmonellosis, and tularemia began. In the mining city of Gukovo, for example, salmonellosis raged twice this summer. Once the source was the worker's dining room. The other time the kindergarten was the source. About 100 persons became ill with dysentery at the same time in Aksay. Cholera flew into the oblast from India on the wings of a charter commercial run along with Indian beads and leather handbags...

And all this happened suddenly? Of course not. Physicians specializing in communicable diseases say with certainty that diphtheria was provoked and predetermined 3-4 years ago. The current situation gives them the right to make the fully substantiated announcement that it is a result not of chance but rather the campaign developed in the mass media against vaccinations—the sole means of guaranteeing immunity against diphtheria. It may have been public opinion and intentional or not, but it was completely purposely designed to be negative toward vaccinations. People overloaded with scientific degrees but not physicians spoke in the press and on radio and stated that vaccinations, especially antidiphtheria vaccinations, are toxicogenic.

"So why did you keep silent? Why did you not conduct counterpropaganda?" I asked Oleg Dumbadze, physician specializing in communicable diseases from the oblast public health department.

"And why do we always remain silent about everything?" he responded to my question with a question. "Because we thought: They won't find any simpletons who will believe the madness that is being carried over the radio."

Of course, the problem lies not only in the vaccinations, even though they are without a doubt very important. And to now make them the entire cause is too simple. The plant manufacturing the vaccines remained in Russia, but also diphtheria roams the territories adjacent to it—Ukraine and Byelarus. From there, infected people travel to us. But it is very difficult to receive the vaccine because of the break in economic ties. Another plant remained in Tbilisi.

The whole problem is in the total shambles of the socialist health care system—a system that other civilized countries, as they are now called, have never known. L.S. Sadovskaya, head of the No. 2 infectious disease department of the Rostov City Hospital, told me painfully that even last summer health care organizers from Scotland were in the city. They came to us with experience. Indeed, not one country has yet created a system of monitoring health that is as interconnected, efficient, and maximally inclusive of the population as that recently created in our city. And the Western specialists hurried to wreck it so as to have time to see that it has already ceased to exist.

The break of the sanitary-epidemiological oversight from the overall health care system did not play the definitive role in the wave of infections. Today, public health physicians are essentially removed from responsibility for the operation of those enterprises on which people's health depends. Poisoning in the workers' dining room? The mine's director is responsible for it. Typhoid fever in Volgograd? A statement from the Vodokanal that infection penetrating the water supply system through rusted pipes is responsible.

Of course, the officials in charge of the government's economic functions are responsible for this. But in our day, they find hundreds of reasons to explain similar disruptions.

In fact, the oblast administration does not bear responsibility for the situation either. For example, public health physicians informed V.F. Chuba, head of the administration, about the increase in morbidity due to infectious skin diseases and spread of pediculosis. According to current laws, V.F. Chub has the right to send recommendations to places with a request to fix and improve things, which he has done.

But nothing more.

It is crystal-clear that these noble desires will not be fulfilled; they will vanish in the economic reforms as into a concrete graveyard wall. That's what has already happened with the recommendations to the heads of the rayon and municipal administrations that the extermination of rodents and blood-sucking insects be set up. The former ispolkomy [executive committees] did not make the recommendations but instead mandated that enterprises allocate money for the work each year at all costs. Now that each has obtained economic independence, no resources

are found for these "trifles." As a result, tularemia spread by these very rodents and insects has put dozens of people on hospital cots.

I have read many inquiries, letters, and recommendations these days and have spoken with many specialists both at the department of public health and at the oblast center of the sanitary-epidemiological oversight. Everyone is doing something. They are all busy. And at the same time they are on guard and ready at a moment's notice to divert the reproach from themselves, citing the work they have done or an article in the law or else explaining the situation in terms of the general economic collapse. And it turns out that there are no guilty parties.

But then for whose blame are the children on the hospital cots atoning with their suffering?

Disease Outbreaks Spark Mass Immunizations in Rostov Oblast

93WE0542H Moscow IZVESTIYA in Russian No 153, Aug 93 p 2

[Article by Yuriy Bepalov, Rostov oblast]

[Text] A panic has gripped the Rostovites recently due to the rumors of an impending infection.

Through local press, the Sanitary-Epidemiological Oversight authorities are constantly expanding the "assortment" of the infection threatening the health and life of the citizens of Don. *Izvestiya* have already reported an outbreak of Crimean hemorrhagic fever. Reports are being received from Neklinovskiy, Myasnikovskiy, and Matveyevo-Kurganskii rayons about large-scale infection of tularemia—a very serious disease transmitted by rodents and mosquitoes.

More than 150 patients have already been recorded. In the last several days, 11 children in Rostov have been infected with salmonellosis. And finally, the last alarm signal was sounded about diphtheria. Last year, this disease afflicted 93 persons in Rostov oblast, three of whom have already died. This summer, the incidence of diphtheria in Rostov's Voroshilovskiy borough alone increased by sixfold.

"Why did this new misfortune befall us?" say poor Rostovites shaking their heads. Some especially nervous citizens are already hinting about "splitting" to some safe location for a month or two.

Most likely, this infection phobia is being hyped by the reports which for the past two weeks have continued to appear on the pages of Rostov newspapers. What is interesting is that nothing like that happened before—during censorship, the press was strictly warned "not to hype horrors." And I have been told that today, frequent information about danger is only one of the elements of public concerns about health and vigilance which cannot hurt in today's situation.

Thus, there is no reason for panic—the best thing would be to get immunized. Yet in expert estimates, if there is a threat of a tularemia and diphtheria epidemic, more than 80% of the oblast residents must undergo this procedure.

The local authorities developed a mass population immunization program, and resources were allocated to the public health administration for purchasing the necessary immunization preparations. And a simple precaution could not hurt.

Dysentery Outbreak in Yaroslavl Oblast

94WE0085G Moscow IZVESTIYA in Russian
12 Nov 93 p 1

[Article by Mikhail Ovcharov: "Tutayev Sour Cream Found to Harbor Dystentery"]

[Text] A dysentery outbreak has been documented in Yaroslavl Oblast. One hundred fifty-five persons have fallen ill in the city of Tutayev, including 120 preschool children, while in neighboring Rybinsk 75 of the city's inhabitants are sick. It was discovered that all of them ate sour cream from the Tutayev Dairy. This dairy was closed for general cleaning and disinfection at the direction of the oblast state center for sanitary-epidemiological oversight. Production of cultured milk products has been temporarily banned.

'Catastrophic' Hepatitis Outbreak in Sakhalin

93WE0520E Moscow TRUD in Russian 30 Apr 93 p 1

[Reported by BETTA and Postfactum information agencies: "Under the Banner of Hepatitis Control"]

[Text] The residents of the Sakhalin village, Makarovo, will celebrate the First of May by fighting the hepatitis epidemic caused by decomposition of a cattle burying ground. As established by the staff of the rayon sanitary and epidemiological station, the hepatitis epidemic in this region has reached catastrophic proportions, and the number of cases has reached 82 cases to date.

Viral Hepatitis Risk Factors

94WE0022A Moscow KOMSOMOLSKAYA PRAVDA,
in Russian 22 Sep 93 p 3

[Article by Leonid Repin, commentator, under the title: RA Virus With Yellow Eyes: You Haven't Heard of This Disease, But by the Way, More Than 10 Million Russians Are Infected With It]

[Text] Two types of hepatitis, B and C, bearing frankly mortal danger for man, having been growing here into an enormous problem: according to the calculations of specialists, more than 10 million Russians are infected with hepatitis C, and it can be supposed - in fact no one knows this precisely - many more are infected with hepatitis B. It is the agent of this disease in particular that is more widespread than of all the other hepatitis, and it is, into the bargain, more dangerous: it is following hepatitis B in particular that cancer frequently develops, to an even greater degree than from hepatitis C. If one looks at the problem from opposite perspective, it turns out that the virus of hepatitis C is found in ninety per cent of patients with cirrhosis and cancer of the liver.

The situation is complicated by the fact that the majority of oncological patients are also treated, among other

methods, by means of the scalpel and are transfused with donated blood, and that no one can state with certainty that ill-fated hepatitis is not introduced into these patients with this blood, because here we do not carry out such investigations. If that is the case, and most likely it is the case, then frequently operated oncological patients die not of the cancer, but of subsequent complications like acute hepatic insufficiency.

But, after all, that's how matters turn... It's not accidental, however, that hepatitis C in particular is more and more often called the plague of the twentieth century. Not AIDS, but this cursed hepatitis of ours.

The Americans were the first to become alarmed and to take up the struggle against hepatitis C in a concerted manner. They developed and began to produce diagnostic preparations to identify cases of hepatitis C; it was they who carried out the first mass surveys. The result proved staggering: 85 per cent of patients with chronic hepatitis had acquired the ubiquitous virus following blood transfusion.

The problem in our country has become especially acute. About 22 million doses of blood were given in the last year of the existence of the USSR. That means that there should have been an equal number of analyses. Even if it is assumed that one analysis costs a dollar, while in fact it is more expensive, it is not difficult to imagine how much such analyses for the hepatitis C content would cost. Understandably, we did not do such analyses, and indeed, they are not done now. I don't know, perhaps they are in special, exceptional cases. But it is necessary to do them! If for no other reason than otherwise the consequences will be unpredictable.

People who, by the very character of their work, know the nature of the hepatitis virus transmitted with blood, are ringing the alarm, attempting to attract attention to the mortal danger lurking in the shadows of many other problems. Oncologist Professor G. A. Tkacheva, analyzing the pathways along which the hepatitis C virus reaches the organs of healthy people, concludes: about 60 million people pass through Russia's medical hospitals a year. People who are operated on and transfused with blood are treated conservatively. But they must all be administered drugs intravenously. And that is the path of infection.

All else aside, the trouble lies in the fact that even the acute forms of hepatitis very often progress with weakly manifested symptoms, and therefore many cases remain totally unrecognized. Someone is sick, and gravely sick, and no one knows why.

This alarming situation is aggravated also by the fact that this virus is transmitted not only through every possible medical manipulation, but by sexual intimacy as well, like the AIDS virus, and even through the most ordinary social contacts between people. So you see the kind of disaster...

So, is there no rescue? Specialists believe that a national program of unreserved examination of donor blood and of all blood going into the preparation of every possible type of pharmaceutical, of all patients subjected to contact with

needle and scalpel, of all pregnant women and all children -is the only way the chameleon virus can be conquered.

It stands to reason, the creation of the domestic manufacture of diagnostic preparations must be provided for in this program. Otherwise, after all, we are preferring to pay insane amounts of money to foreign firms for ready-made preparations, and are therefore condemned to buy them into the future, instead of organizing our own production.

My old, good friend, Corresponding Member of the Russian Academy of Sciences, Professor M. S. Balayan, who has been dealing with the hepatitis all his life, and has carried out an extremely dangerous experiment on himself, nevertheless confided to me with a smile: Perhaps we shouldn't panic. Although, of course, all that is so, all that is correct - the danger is great. Just consider the fact that in the last ten years about fifteen previously unknown infections have come to light. It is normal that they come to light. What is abnormal is that we begin to combat them late.

Yes, in fact he and I recall together: an unknown bacterial disease had suddenly broken out, striking down the majority of the participants of a Congress of Legionnaires who had gathered not so long ago in the US. Thus it was called Legionnaires disease. Vilyuisk encephalomyelitis, unknown to science, a terrible, slow infection, inexorably destroying the brain, was discovered in this country. They learned to treat Legionnaires disease; the Vilyuisk disease has remained a riddle. But it has not attempted to extend its boundaries. Hepatitis, on the other hand, runs about, raging wildly throughout the entire unprotected land.

That, you see, is the kind of danger it is.

Hepatitis in Russia

94WE0103B ROSSIYSKIYE VESTI in Russian
8 Sep 93 p ii

[Article by Cand Biol Sci Yelena Mikhaylovna Vlasikhina: "Equal to AIDS, if not More Frightening"]

[Text] Today, scientists are already absolutely sure of the existence of 7 (seven!) hepatitis viruses infecting man and striking his most important organ—the liver. The disease arising in this case take many forms: hepatitis, cirrhosis and primary cancer of the liver. It seems as if we can no longer amaze or frighten our people by anything. But this....

At the infection hospital. The hepatitis and viral disease department. Those who wind up here can now recall (with a doctor's help) how and where they became infected. "I was working as a dental hygienist," said an attractive young woman. An elderly woman bitterly recalled undergoing a course of acupuncture a few months ago, and then there was another, a quite one, in the corner of the ward, who had recently visited Israel as a guest.

And now let's move on to the pediatric clinic, the gastroenterology department. Children with a terrible diagnosis—cirrhosis of the liver—are treated here. And most know that this disease is the punishment suffered by alcoholics. Sometimes it is hard for the doctor to figure out how this disease came about. The mother of an 11-year-old boy, her eyes

sunken from sleepless nights no longer able to shed tears, explained: "The boy fell ill after a routine immunization. Botkin's disease was the diagnosis. He recovered, but he still feels poorly sometimes." Now the sentence has been handed down—a year and a half to live, nothing can be done. The doctors are powerless. Now that the disease has come into its own. But could anything have been done sooner? Yes. That's what this article is about.

Viral hepatitis is a disease that occurs extensively throughout the entire world. Up to 250,000 cases are registered annually in our country. These are only the acute and obvious cases of infection, while in fact it is believed that this figure is understated by a factor of 10! Perhaps only acute respiratory diseases afflict people more often. And as for the number of fatalities and complications, there are no equals to this infection. Medical workers of the developed countries, in which the fight against viral hepatitis has been raised to the rank of a state program, came to understand this long ago.

Relying on laboratory tests, medical workers can distinguish hepatitis today into type A (the dirty hands disease) and type B (so-called serum hepatitis). Five other variants are not recognized by Russian statistics, and they are classified by a process of elimination as a mixed group—neither A nor B.

In Russia, hepatitis A is encountered more often than the other types, making up 60-70 percent of all hepatitis cases in adults and 70-80 percent in children. As with any other intestinal infection, hepatitis A is typified by seasonal occurrence. And so it is now, in fall, that epidemiologists are noting an increase in morbidity, especially among children attending nursery school and schoolchildren. Many probably recall that gamma-globulin immunizations used to be given against jaundice in times of mass outbreaks. Today, this is hardly possible—it's expensive, and the preparation is not available in sufficient quantity.

How do we protect ourselves? The advice is simple—wash your hands more frequently, don't eat unwashed food, don't drink water from unfamiliar sources, and it would be better to boil all drinking water. And if you happen to make contact with a person who has the disease, be on guard for 5 weeks.

Medical workers advise caution to tourists to developing countries of Asia and Africa. This infection is extremely widespread there, and most of the population suffers the disease in early childhood. Western tourists make an effort to immunize themselves against hepatitis A. There is a specific vaccine already, and clinical tests have proven it to be highly effective. Such a preparation has also been developed in Russia, its study has just begun, and therefore we need to follow the rule that "Saving the drowning is a matter for the drowning themselves."

And this is in fact possible. The Scandinavian countries, where the hepatitis A is an extremely rare phenomenon, are an example of this: Isolated cases for every 100,000 population (for comparison, the figure is up to 100 in certain regions of our country). At least another two types of hepatitis are transmitted by dirty hands. Hepatitis E has

now been studied sufficiently well. This type occurs most often in developing countries. Russians are absolutely defenseless before it, and its course is much more serious than that of hepatitis A. Vaccines against this infection are not even available yet abroad, and therefore the sole defense is to observe the rules of personal and social hygiene.

And now let's talk about the forms of hepatitis for which blood is the gateway. In the early 1960s the American scientists Blumberg discovered a characteristic serum protein of hepatitis virus, for which he was subsequently awarded the Nobel Prize. Since that time a real possibility has appeared for doctors to distinguish between only two types of hepatitis by blood tests—A and B.

Detection of a protein (antigen) specific to hepatitis B in blood made it possible to use this marker to determine the extent of blood infection. Modern testing methods are so sensitive that they can detect a quantity of virus of less than 1 gm in a billion trials. This quantity of virus, by the way, is fully sufficient to cause disease. For this, the virus needs to find the slightest break in the skin or mucous membranes of the recipient, enter the blood through it, and then reach the liver with its flow. The liver is the only place in the human body where hepatitis B virus can multiply. Infected persons react variously to what happens in the liver. As a result totally different courses appear—virus carrier, acute infection, chronic hepatitis, cirrhosis and cancer of the liver. It is not at all necessary for jaundice to accompany acute hepatitis B. Medical workers note that the beginning of disease can recall the pattern of intestinal infection, and even ear, nose and throat diseases, especially among children. The main thing is that the liver is enlarged, which is something you have to know how to detect.

A diagnosis as to precisely what type of hepatitis is present can be established only after a number of specialized laboratory tests. To prevent infection of patients receiving transfusion of blood (plasma), its preparations and components, all blood procured from donors **must be tested mandatorily**. Such tests have been conducted in our country for 20 years already, but for some reason post-transfusion hepatitis continues to be a frequent phenomenon. Could it be because the blood service has been using tests of very low sensitivity?

In developed countries, where a very serious effort has now been made for over 10 years to test blood for hepatitis B, its proportion in the structure of hepatitis after blood transfusion has been reduced to 10 percent. Ninety percent of hepatitis is associated there with infection by yet another virus—hepatitis C. This virus resisted detection for a long time, and what is interesting is that the test for this infection was developed before the agent itself was described—in 1989. A check of donors in many countries of the world revealed that a significant part of the world's population is afflicted with hepatitis C. What raises concern is the fact that presence of infection can be judged only indirectly for the moment, by revealing antibodies to the virus (as for example in the cases of AIDS and syphilis), which significantly reduces the true number of

infected individuals. Today most developed and developing countries have introduced mandatory testing of blood for hepatitis C into their blood services. This isn't as successful of course as in the case of hepatitis B; nonetheless, today this is the only means of preventing post-transfusion hepatitis C. It may be said that blood is not yet being tested for this infection in our country.

If hepatitis is so widespread, it is fully logical to suppose that it is transmitted not only by donated blood, but also by other pathways. In fact, hepatitis B is astounding in the diversity of the means by which the body is infected. Children fated to be born from mothers who are carriers of the infection or who contracted the disease during pregnancy (and not necessarily in its jaundice form) fall into the risk group. This is why hepatitis B testing of pregnant women is mandatory in many countries. Hepatitis B is transmitted sexually (the virus is detected in sperm and in vaginal secretions). A special risk group has been determined—prostitutes, who are breeding grounds of infection. Unfortunately there are few who know that hepatitis B is even categorized as a venereal disease for this reason. The slightest break in a partner's mucous membranes is enough for the virus to get into the blood. These two pathways—vertical (from mother to child) and horizontal (sexual)—perhaps dominate in various developing countries, in which it is believed that over 20 percent of the population is infected. It has been noted that entire families may be infected with hepatitis B virus. We know of one Moscow family in which a newborn infant contracted the disease in the hospital, the mother was then infected from the child during breast feeding, and finally the father of the child managed to catch the disease from the mother.

Neither the sexual nor the vertical pathway of infection is typical of hepatitis C, but as with hepatitis B, this disease is transmitted through close personal communication, when the elementary rules of hygiene are not observed. Viruses may be transmitted from one to another by sharing combs, manicure and pedicure instruments, and tattooing tools.

Still, the greatest percentage of infections occurs in therapeutic institutions. Medical workers are especially at risk. Selective testing of medical personnel revealed particular hepatitis B markers five times more frequently than in donated blood. Several cases of acute hepatitis are noted every year in almost every large clinic, in which case fatalities have been known. They have all been the result of job-related infection. Medical workers who come in contact with blood daily are at the greatest risk—surgeons, surgical and procedural nurses, and specialists in procuring and testing the blood of donors and patients. Hepatitis B and C infection may spread within a hospital if diagnostic and therapeutic procedures that invade the skin and mucous membranes are carried out with reusable and poorly cleaned instruments.

Among patients, those who receive poorly tested blood on the basis of vital indications carry the greatest risk of falling ill. This is well known to medical workers, but they are powerless if material support to the use of high quality

blood tests is insufficient. Are there really no other ways of stopping hepatitis B and C besides blood tests?

In 30 years of scientific research in this field, some things have already been accomplished. Creation of a specific vaccine against hepatitis B is the greatest accomplishment. When scientists reported this, the press wrote triumphantly that the first vaccine against cancer had been developed. Hepatitis B vaccinations have been available for over 12 years already, during which time hundreds of millions of the planet's inhabitants have been immunized. It has been demonstrated that the vaccination course can provide defense against the virus for 7 or more years.

Unfortunately you can't get immunized anywhere in Russia today, either free of charge or for money. The domestically made preparation has not yet been perfected for practical use. Foreign preparations are not being purchased, although Western firms have already been producing second-generation vaccine that is absolutely safe and effective for a long time. Medical workers and newborn infants from mothers who are carriers of the virus are mandatorily immunized in most developed countries. But even where the epidemiological situation is recognized to be unfavorable (there are several such regions in Russia), hepatitis B vaccine is included on the calendar of children's immunizations. Responding to a proposal by the World Health Organization, a number of African countries and Italy have begun implementing a program of expanded immunization of the population.

It is disappointing to learn of such accomplishments that are inaccessible to Russia. This is why Moscow's scientists and medical workers have joined together to establish the Hepatitis Control Assistance Fund—a public organization bringing together all who desire to join in the struggle using the resources of modern accomplishments in the epidemiology, prevention, diagnosis and treatment of viral diseases of the liver. The gap today between what has been accomplished through world progress in the area of hepatitis and what Russian practical health has available to it today is rather large. The fund has developed the "Anti-hepatitis" program, and we invite all who wish to do so to work with us to carry it out. The fund already has a possibility for testing donated blood in the way it is done in America and Europe. We also have hepatitis B vaccine.

In Moscow we can be reached by telephone at 490-1414 and 365-8998.

Spread of Disease by Vagrants

94WE0021D Moscow IZVESTIYA in Russian 8 Sep 93
1st ed. p 6

[Article by Aleksey Chelnokov, IZVESTIYA correspondent: "Vagrants Remind Us of Themselves With Threat of Mass Epidemic"; first paragraph is boldface IZVESTIYA introduction]

[Text] Social disorder has carried with it a louse-infested train. Dozens of mortally dangerous diseases hide in its folds. The first victims are generally overpopulated cities. Knowing this, Moscow's public health physicians have sounded the alarm. Several days ago under pressure from

them, the capital's mayoralty allocated an emergency 37 million rubles to the city center of the Russian Federation State Committee for Sanitary-Epidemiological Oversight. Can the risk of mass epidemics be bought up for this price?

Little Boy Nicknamed Louse-Ridden

I am well acquainted with a family that has been in a state of panic for a week now. The papa and mama are from families of physicians; flies are not allowed to fly in their home. They recently experienced what they perceived as a family scandal if not tragedy: The school nurse discovered lice in their 9-year-old son. The little boy was immediately nicknamed Louse-ridden, and suffering from the ridicule of his classmates, he flatly refused to attend his classes.

His clothing, bed linen, toys—in a word everything that could become a breeding ground for lice—were "burned" in a disinfection chamber. But what should be done with the expensive soft furniture, the parents agonized. Put it in the disinfection chamber? It was too large. The alternative was similar—burn it.

"There is the suspicion that our son picked up the lice when we were returning by train from our summer vacation," said the child's father. "Moreover, the body louse is a carrier of typhus. Thank god, everything turned out all right."

During the summer migration, up to 3 million persons pass through Moscow train stations daily. Public health physicians acknowledge that from there, dangerous diseases are spread throughout the city.

Train Station or Vagrant's Apartment?

The Kursk train station is, tentatively speaking, divided into about two equal halves: the cashier's room and the waiting rooms. Chaos now reigns in the former, where straight rows of plastic chairs were recently placed. Bundles of travelers' belongings now tower. After laying down newspapers, they sleep alongside the newly arrived. Hardly any distance away, under the stairwell, one vagrant treats another to cologne. In their own way, they are both reminiscent of exhumed corpses. The sharp odor of long-unwashed bodies mixed with the aroma of cheap perfume makes the air 5 meters around them thick like a wet rag.

From time to time, the sweepers chase the people from their seats with prods and verbal abuse in order to clean the food scraps and various paper trash from the concrete floor.

Those who were fortunate enough to buy tickets gain access to the chairs located in the waiting rooms. Their guard, consisting of train station workers, is unyielding in front of the "unticketed"; however, the vagrants find gaps nevertheless. I noticed several ragamuffin people covered with scabs staggering like apparitions between the rows.

On the platform, I approached the crew leader of the train that just arrived. "Do passengers complain about the dirt in the cars often?" "It happens. Everybody rides." "But where do you disinfect your bed linen? At the train station's bathing and delousing centers?" "What bathing

and delousing centers! I don't remember when they were operating at train stations..."

At the Kazan train station, security guards from the firm Pravoporyadok [Law and Order] checking tickets at the entrance to the train station's buildings are no obstacle for vagrants because a hole of impressive size was made long ago in the grating separating the cashier's room from the waiting room.

Only at the Savelovsk train station were there almost no vagrants.

At the entrance of the Pavelets train station, however, I stumbled upon a whole line of people who had lost their human appearance.

As later became clear, the train station's administration had given specialists from the international association Physicians Without Borders one of its rooms. The associates of this nongovernmental organization had voluntarily taken it upon themselves to provide all medical, legal, and psychological aid within their power to Moscow's homeless.

What Physicians Without Borders Can Do

The experience of Physicians Without Borders may be termed unique. Working in accordance with its own program The Homeless since November 1992, they have become the only individuals in the country with the slightest bit of scientific information about those people that fate has cast to the very bottom of life.

According to the association's estimates, the number of homeless persons in Moscow may exceed 150,000 (according to official data, they numbered 30,000 as of January 1992). These people who are unable to observe elementary hygiene rules (often through no fault of their own) are becoming potential carriers of diphtheria, cholera, typhus, tuberculosis, and other extremely dangerous diseases. Social pariahs despised by everyone, they prefer to not seek help at state medical institutions. And the services of private physicians are, as is well known, beyond the means of even citizens with residence permits.

After having worked at the Kursk and Pavelets train stations for several months, the association specialists accumulated statistical data about the most characteristic ailments for vagrants. Half of them suffer from wounds and trophic ulcers, and a third (all in all) suffer from tuberculosis and pneumonia. One hundred percent are infested with lice! A total of 2,500 homeless persons were examined.

"'Ambulance' physicians generally refuse to come for vagrants because the subsequent disinfection of their ambulance takes several hours," says Aleksey Golikov, associate of the association. "We therefore take the most seriously ill to hospitals in our own two minibuses."

By agreements reached with six hospitals, Physicians Without Borders send those under their care there for treatment. In exchange for the inconveniences, they supply medical personnel with scarce drugs.

After having been treated, the vagrants are returned to the train stations—where else? There they live for years; they collect empty bottles, panhandle, and engage in petty theft. Some even raise something similar to a family. A family consisting of a husband, wife, two children, and the wife's mother have already been living at one train station for a long time.

After having returned home, the homeless quickly acquire their previous bouquet of illnesses. To put it briefly, the circle is completed.

"Moscow's government acknowledges that the homeless problem exists, but its first reaction is to try to drive them from the train station," believe the association specialists. "But cutting off vagrants' access to the train stations during the cold part of the year is sentencing them to certain death."

Like now, before the onset of the winter cold spells, the mayoralty is making fitful attempts to keep the risk of an epidemic to a minimum in a manner contrary to humanitarian principles. And for this, they have allocated 27 million rubles that will be used to repair two delousing stations—on Red Guard Boulevard and Bauman Street.

Purgatory for Outcasts

Moscow now has a single delousing station equipped with a powerful disinfection chamber. As a rule, vagrants are sent here.

The shabby building of the disinfection station is located at the city's edge. One must travel far to reach it—first by subway and then by overcrowded bus.

The disinfection procedure costs money—about 1,500 rubles. But vagrants sent by Physicians Without Borders have their insects removed at the expense of the organization. They are sent twice weekly—on Wednesdays and Thursdays. It must be said that only half of those receiving a referral use it—an average of 20 persons each week. Can the bathing and delousing center really not handle this influx of patients?

"The point," says Grigoriy Ostanin, the center's chief physician, "is that in the event an emergency situation develops in Moscow it is impossible to conduct mass disinfection of the population. Let us say an outbreak of cholera puts us in a hopeless situation because medical standards call for a separate bathing and delousing center for this disease."

Public health physicians have also been deprived of reserves such as municipal baths. Previously, they were equipped with disinfection chambers and divided into what were called "dirty" and "clean" halves. In recent years, nearly all of the capital's baths have been transformed into commercial saunas.

Disinfection chambers and railroadmen have been managed similarly. Not one is operating at any of Moscow's train stations even though in April the municipal commission on emergency situations demanded that the Moscow railroad administration renovate them.

"For this and other reasons," states Ostanin, "the situation regarding Moscow's sanitary condition may become critical at any moment in time."

According to data from the analytical department of the Russian Federation State Committee for Sanitary-Epidemiological Oversight, the number of diphtheria patients in the capital more than doubled during the past year, the number of persons with scabies and syphilis doubled, and the number of persons with tuberculosis increased by one third. And the most frightening thing is that these diseases are more lethal among children than among adults.

But I nevertheless remain doubtful: Why reconstruct the bathing and delousing centers if potential disease carriers prefer to bypass them on account of 7 versts? (Several dozen vagrants arriving for sanitary treatment weekly is a meager number compared with the tens of thousands that stubbornly ignore the procedure). Perhaps all this is being done in the event of mass epidemics of diphtheria, cholera, and typhus? Then it would seem that this would be directly acknowledged. And it would become clear that the homeless remain the problem of 12 associates of Physicians Without Borders and the Ministry of Railways security guards who drive vagrants from the train station.

In the meantime, typhus, tuberculosis, and cholera are classified as what are termed "socially significant infections," and vaccinations against them will not save you. And then there are the many others who, as doctors confirm, have weakened immunity because of a decrease in their standard of living. The unbelievable congestion in public transportation, at stores, and at train stations and the poor sanitary condition of the streets increase the likelihood of outbreaks of epidemics. And in such a situation, vagrants become one of the main risk factors.

The vagrant problem must obviously become an object of the most careful attention. A special integrated government program is needed. But as is well known, the government has more important concerns.

Surge in Pediculosis Cases

93WE0520G Moscow IZVESTIYA in Russian 29 Jul 93 p 6

[Article by Svetlana Tutorskaya, IZVESTIYA correspondent: "Ministry of Health Experts Report Hundreds of Thousands of Pediculosis Cases"]

[Text] Last year, there were 337,333 officially recorded cases of human louse infestation, which is what we diffidently call pediculosis.

Specialists equate those who have lice with carriers of infection.

Because no one knows the moment and hour that, for example, an epidemic of dreaded, in the memory of the older generation, typhus will spread together with these lice. Typhus strikes the heart and central nervous system, and there were in the past quite a few cases of patient death. Experts of the Russian Ministry of Health emphasize in particular that it is very difficult to detect everyone

with pediculosis. While 136,222 people were recorded in the first 5 months of 1993 (which is slightly less than last year on a monthly basis), this is no reason to rejoice: in what places are adults and children the focus of attention in this respect? Obviously, in hospitals, children's institutions, hostels and summer camps. But many hospitals are shut down in the summer for repairs. Students have gone home. And the number of camps where children can improve their health is rapidly declining.... So that this figure of 136,000 plus people could be considered the result of screening a sample.

Mikhail Narkevich, Russian Ministry of Health expert, believes that "The cause does not lie only in dirt itself. In the course of civilian unrest, major migrations and roaming, not only the lifestyle but also the emotional status of people changes. Stress, apathy, nervousness and lack of self-confidence pave the way for infections in general. And for pediculosis too. The present "surge" started before the cost of soap and of washing at a bath house rose. And the insects have been found in many apartments with all the amenities, with rows of shampoos and hot water. Pharmacies are being supplied very poorly with louse-control agents."

There is another real threat that has arisen in the last few days, cholera in Tadjikistan. It arrived there from Pakistan, with tourists. With the present increase in migration and enormous flux of refugees, there is the possibility of cholera "arriving" in Russian cities too. It is transmitted through dirty water, insufficiently pure food and dirty hands.

The saddest thing of all is that, in general, the means of salvation are simple. As for pedi..., that is to say, pardon me, lice, we postwar children were spared by kerosene. It is simple and effective.

Malaria Outbreak Occurs on Military Base

93WE0520A Moscow ROSSIYA in Russian No 10, 5-11 May 93 p 3

[Article by Yuriy Kozlov, IF: "Epidemic at a Military Base"]

[Text] A sailor died as a result of an outbreak of tropical malaria at the Materiel and Technical Support Base of the Pacific Fleet (TOF) of the Russian Federation in Cam-Ranh (Vietnam). There were seven recorded cases of this fever among military personnel of this base. Another two sailors with a severe form of the disease were brought to the main TOF hospital in Vladivostok.

As reported by G. Shchekin, acting chief of the TOF medical service in Cam-Ranh, a system of preventive measures is presently being organized to prevent spread of the epidemic. Arrival in Cam-Ranh of the chief epidemiologist of the Russian Navy and specialists in tropical diseases is expected in the very near future.

Mass Poisoning of Drug Rehab Patients Discovered*94WE0067B Moscow NEZAVISIMAYA GAZETA, in Russian 13 Oct 93 p 6*

[Article by Postfaktum, under the title: They Weren't Protected]

[Text] Three people have died in Novorossiysk as the result of the mass poisoning of patients of a narcological dispensary. This was reported by the State Committee on Civil Defense, Emergency Situations, and Recovery from Natural Disasters of the Russian Federation [GKChS RF]. As a result of the poisoning, 18 individuals are moderately severely ill, in addition to those who died. The cause of the incident has not been elucidated thus far. According to the information, 13 people were hospitalized on October 11. An investigation is being conducted.

Radiation Spawns Mutations in Village Near Mayak*94WE0136D Moscow TRUD in Russian No 258, Nov 93 p 1*

[Article by editorial board, "Radiation Around Us"]

[Text] This was reported by Nina Solovyeva, an expert from the Novosibirsk Cytology and Genetics Institute, in the course of a "round table" at the Russian Federation Ministry of Environmental Protection and Natural Resources. According to Miss Solovyeva, an examination of residents from the village of Muchlyumovo located on the river Techa, 78 km downstream from the radioactive waste discharge from the Mayak Scientific Production Association, revealed elements in the chromosomes of certain children which belong neither to the father nor to the mother. In the physicians' opinion, this is a result of mutation changes in the organism. Furthermore, the residents of Muchlyumovo display impairments in their organism which are typical only of this inhabited locality. Thus, e.g., the ailments not detected in other regions include constant dizziness, numbness in the body and limbs, nose and gum bleeding, and gastrointestinal tract disorders. In attempts to treat the residents of Muchlyumovo, children in particular respond inadequately to drugs. Moreover, 33 cases of balding have been recorded among children in recent years, some of them involving total baldness, according to the Postfaktum Agency.

Mushroom Poisoning Increases*94WE0025C Moscow ARGUMENTY I FAKTY in Russian No 33 (670), Aug 93 p 9*

[Italic introduction to unattributed article: "Mushrooms: More Gather Them—More Are Poisoned"]

[Excerpt] Statistical data are not needed to confirm the fact that in recent years more and more people are living on free meals: Stockpiles of mushrooms and berries have become an unacceptable condition for reliable overwintering. Meanwhile, more are gathering them, and more are being poisoned.

The Voronezh, Rostov, Lipetsk, and Tambov oblasts are the clearest examples. In all cases, poisonings with lethal outcomes have resulted from using death-cup amanitas in food. In a random survey, they were found in every eighth to tenth basket! One and a half grams is enough to end up in the hospital. In 1992, 400 cases of mushroom poisoning were recorded in Russia. Thirty-three persons, including 18 children, died.

Report on Infectious Diseases and Mushroom Poisonings*94WE0085B Moscow ROSSIYSKIYE VESTI in Russian 19 Aug 93 p 3*

[Article by Svetlana Stepunina: "Infection"]

[Excerpt][Passage omitted] And so, in addition to the Moscow cholera case there are others. And anyway, where was he from, this homeless man of Moscow by the name of Shabunov, an older man, 40 years of age according to his passport? When no pulse could be determined, pressure dropped and convulsions increases, he was immediately subjected to resuscitation. Cholera means—forgive me for the coarse but necessary details—endless diarrhea, which dehydrates the body so much that end come in just a few hours. It looks like the doctors were able to bring Shabunov back. But in Kaspiy (Dagestan), they weren't able to save the patient. And in the republic hospital in Makhachkala, they are not caring for a 4-month infant with the same diagnosis. Just in July and August of this year 17 patients and vibrio carriers were registered; these cases are associated with cholera imported from India, Pakistan and Turkey. We'll talk about imports a little later. In the meantime persons returning from shopping tours with their "acquisition" have homes in very many places—Nizhniy Novgorod, Krasnodar, Makhachkala, Naberezhnyye Chelny.

And besides cholera, typhoid fever, which we haven't seen in our country for a long time, has made its appearance. Eighty-seven persons were hospitalized for it in Volgograd, Rostov Oblast. Specialists from the State Committee for Sanitary-Epidemiological Oversight limited their information to the indicated cases. But the geography of the infection and the list of patients are more extensive. We possess data indicating that local medical workers in Astrakhan and Barnaul discovered anthrax agents in food products. Some people have already contracted the disease. The situation with this infection recalls especially clearly the "Solovyev effect" with which we began our discussion—a doctor's behavior in extreme circumstances. A peasant family in the Astrakhan town of Dianovka was forced to slaughter a sick calf. The local veterinarian could be diagnosed with a lack of knowledge or conscience, but he deemed the meat to be fit for consumption. A few days later those who slaughtered the animal and sold its meat heard of their unconditional diagnosis—anthrax. A quarantine was announced in Dianovka. And in another town as well—Tundrikha, Altay Kray. Here also they slaughtered a sick animal and sold the meat uninspected. Efforts are being made to save the sick. Cattle, sheep and horses are undergoing mass vaccination. The financially strapped

sanitary-epidemiological oversight agency contained the epidemic of the terrible disease. But in this case millions of rubles were spent on medicines, vaccinations of animals, and disinfection.

The term "negligence" is often applied to trading in uninspected infected meat. But does that tell the whole story? Do we say anything about the social causes that encourage some to sell and others to buy meat that is now as precious as gold? It's probably a little cheaper when it doesn't bear a seal of inspection. Why not risk your health if you didn't have to buy it, and you got it free?

When misfortune comes to our door, contrary to popular wisdom we lock it, and rather tightly. But aren't we acting a little too late? After all many things can and must be foreseen. The same goes for imported infections. Given the present openness of borders, and the scale of goods traffic, we should have adopted the corresponding law protecting Russian Federation territory from importation of diseases by people, animals and plants long ago (most other countries have such laws). But in our country this law just now being written in response to a government decree, which was itself adopted in May, just before lightning struck.

Nor is it any news that migration and refugees represent a potential source of all kinds of diseases. And of course, we are well aware of the general ecological situation, particularly when it comes to water, about which even our recently initiated "Retsept" subsection has written on several occasions. We've already cited a figure: Half (!) of Russia's inhabitants drink water that does not meet hygienic requirement, water that is simply unfit to drink. And this after all is the primary source of intestinal infection, cholera in particular. As it became known, the person that died in Kaspiysk fell ill because he drank untreated water. Accidents with water supply lines have grown more frequent, and water treatment has worsened due to the absence of reagents and disinfectants. The epidemiological service is still managing to somehow keep the situation under control through constant laboratory monitoring and continual inspections. But it no longer has the money for reagents, or to pay for electric power.

All of these are the misfortunes of civilized cities. But throughout Russia there are thousands of towns without water purification facilities or sewage systems. In the meantime cholera vibrio was detected in open-air water basins last year, and is being detected currently as well. Such that the biblically simple and so ancient a truth has real meaning to the Russian Federation today: Never drink untreated water! And wash fruits, vegetables and your hands thoroughly. The drowning must save themselves, as the saying goes.

The danger of infection is becoming especially acute under the conditions of our uncontrolled trade. In our impassable mud. We've written about this in "Retsept" in the past. Let me add that sometimes it seems that sanitary oversight doesn't see what we see. But at our request they gave the figures for fines imposed for dirt and other violations: Last year—39,000 rubles, and in one quarter of this year, R128,000. And this is throughout all of Russia,

even with the current rate of inflation. Sanitary oversight is of course trying, but violators are hardly frightened by its only weapon—fines.

I am certain that the situation requires new forces, other approaches. It's strange that in our democratic times we have lost the truly democratic institutions that operated and did good things in times past. Public citizen's movements occur in many countries. Were our active common citizens to come together under public health physicians locally, they could clean up our streets and stores under their leadership. And with the support of a local peace officer (at least one, for insurance!). It would be a sin for the public health physician to earn bruises for defending our health. But things like this have happened.

And one other thing. We have justly condemned the method of struggle that had been so fashionable in years past: A call to heroism is usually made when there is no order or system. Still, the actions of doctors today are in fact heroic, they are restraining the epidemiological situation at the same time that in Moscow there are only just a few kilograms of special soda for intravenous infusions, and when there are not enough salt solutions and other—let me emphasize that!—of the simplest, most elementary resources.

You can't reduce the number of persons without permanent residence (it's increasing) or eliminate migration of refugees overnight. But all of these people simply have to undergo disinfection procedures. The older generation can remember the medical checkpoints that were present in all Moscow terminals. But today transport workers sadly admit that they can't, there's no money. A couple were recently added to the only other one in the city. Not much. And anyway, how are you going to force all of the homeless to undergo personal cleansing?

Cholera and mushrooms don't seem to be related. But mushrooms are another misfortune hanging over our heads. Once again, like last summer, people are dying from mushroom poisoning. In Tambov Oblast there were 46 victims and 8 fatalities. In Voronezh Oblast there were 52 poisonings and 1 fatality. In Lipetsk—23 victims, 4 fatalities. A dubious theory about radionuclides, pesticides and heavy metals trapped by mushrooms, obviously having its origins in the widely read writing of Veronika Mavrikiyevna, is still circulating among the people since last year. All last winter scientists conducted research on the subject, but science has been unable to confirm Mavrikiyevna's theory. Everything is simpler and more frightening: People died and are now dying from toxin produced by the death cup. And there's more. A selective inspection revealed those same death cups in the one out of every 8-10 baskets brought home this summer mushroom gatherers. Specialists are sounding the alarm. A guide for mushroom gatherers drawn up by the Scientific Research Institute of Nutrition of the Russian Academy of Medical Sciences is published below at their request.

And in conclusion I would like to address readers who may be shocked by the expression "infection [zaraza]" I have been using. We have forgotten this ancient, age-old term,

and substituted it by the foppish euphemism "infection [infektsiya]." However, I think that the harsher word "zaraza" fits the alarming situation in Russia better today. [passage omitted: Safety precautions for mushroom gatherers]

Scabies Epidemic in Moscow

94WE0122F Moscow MOSKOVSKIY
KOMSOMOLETS in Russian 9 Nov 93 p 1

[Unattributed article: "Scabies Epidemic in City"]

[Text] The number of scabies patients in Moscow has nearly doubled compared with last year. As we reported at the city's Main Medical Administration, the reason for this increase is the increased number of refugees that have carried the disease in and the dirtiness of Moscow residents themselves. There have been cases where entire families have contracted scabies. Families often try to rid themselves of the infection by using mercury salve, which is unsuitable for treatment. Immediately thereafter they arrive at the hospital with acute poisoning. Sometimes self-treatment is fatal. The other day, young parents with a nursing child that could not be saved were brought in a critical condition to the Center for Treatment of Acute Poisonings of the Scientific Research Institute imeni Sklifosovskiy.

Improvements Needed in Tuberculosis Screening

94WE0139A Moscow ROSSIYSKIYE VESTI,
in Russian 12 Nov 93 p III

[Article by Lev Markovich Portnoy, Doctor of Medical Sciences, Professor, Head of the Roentgenological Department of the M. F. Vladimirsky Moscow Oblast Clinical Scientific Research Institute; under the title: The Second Coming of Tuberculosis]

[Text] A relatively quiet tuberculosis situation with periodic outbursts of this disease, which were being successfully handled by the previously created powerful anti-tuberculosis service, with its fine staffs and network of regional, city, and oblast (kray) anti-tuberculosis dispensaries, characterizes recent years. And we had become accustomed to this situation.

But today, suddenly, but perhaps not so unexpectedly, taking the difficult situation in the country into account, the tuberculosis situation has become acute. Not for nothing; after all it is, as we have emphasized, a social disease. And even the mass media, with the whipping up that is characteristic of them, exaggerate the danger of the new incursion of tuberculosis, the possibility of its causing trouble in the very new future cannot in any way be excluded. There are, to a certain degree, additional preconditions for it in the person of a clearly weakening state medicine.

Without in any way disputing the situation in the country that predisposes to tuberculosis, I believe that the simple repetition of measures, proven in the past, directed to the campaign against this malady, must not be permitted.

Times today are different, medicine has different possibilities, and the general situational background is not what it was after the war.

By the way, observing the away in which our organizational structures are beginning to act, it is difficult to get away from the impression of a patent duplication of the methods of fighting against tuberculosis that were used in the remote postwar years. To substantiate what I am saying, I would like to cite the fluorography situation in our public health system as an example.

Certainly, no one will dispute the fact that in the campaign against the tuberculosis epidemic in the war-torn country, fluorography did in fact have great significance. A fairly good material and technological base for those years was created. The service worked in close contact with the phthisiatric (anti-tuberculosis) service. In essence, the former was organizationally subordinate to the latter. It can be stated that in those years fluorography was one of the principal actors among the RparticipantsS in the successful attack on tuberculosis.

Years past; tuberculosis took up its usual place in the overall structure of morbidity. But, the powerful anti-tuberculosis and fluorographic services continued to operate, without changing their habits, under conditions of Ractive combat situation.

And meanwhile, the overall medical situation changed, including the tuberculosis situation. And tuberculosis itself learned how to oppose the forces acting on it more stubbornly, and its geography changed sharply. But the main thing was that scientific and technical progress provided medicine with many new technologies, making it possible to look differently on the possibilities of diagnosis overall, and the diagnosis of pulmonary tuberculosis in particular.

Entirely new views appeared on the problem of the fundamental improvement of the campaign against the so-called mass diseases, by means of the formation of risk groups, first of all, and by the development of the corresponding diagnostic models for their early identification, in the second place. Finally, the same scientific and technical progress forced a change in the attitude toward the problems of radiation burdens in the case of the so-called prophylactic examinations by means of radiographic diagnosis, and, of fluorography, in the first place. It is entirely natural that against this background as a whole, the anti-tuberculosis medical organizational structures of today require obligatory correction. And this relates above all to the fluorographic service.

Formed nearly half a century ago, it has remained today in essence in the same organizational-methodological positions of half a century back. The first of these is the constant striving to cover the entire healthy population by mass prophylactic fluorographic examinations. Orders and various normative documents, new rules of the Ministry of Health regarding the conduct of such examinations are constantly coming out. But they all in essence fail to take into account the true state of affairs, and have been produced clearly simply to take away the acuteness of the

problem and to preserve the old organizational forms of the entire anti-tuberculosis organizational complex.

Fluorographic technology, at the same time, which now literally saturates the polyclinic network, also requires its own improvement. The method of examination in which the physician of the fluorographic office in essence knows nothing about the patient, since communication with him is precluded, today clearly does not respond to the new criteria. Nothing, practically, has been decided about the questions of the completing of the examination, if the physician considers it necessary to carry out a number of supplementary procedures. Of course, in the post-war years such an organizational plan corresponded to the Rspirit of the times; today it is simply morally obsolete. In this way a lousy situation has been created; subsequently it has been expanding in the form of today's system of mass prophylactic examinations of the populations.

Specialists in radiation safety see in this one of the causes of the general increase in radiation exposure of the healthy population. Oncologists, believing that such a system of examination is one of the factors influencing the increase in the frequency of oncological diseases, join them in this opinion. But, the antituberculosis service which, as we have stated, is very powerful, remains as unshakable as a rock, arguing the necessity of such examinations. Of course, we can understand it, since it is very difficult to part with a habitual stance, which such indices as mass scope, convenient for reporting, underlie. And this means, large figures, millions of patients - consequently, a high volume of work accomplished...

Today, I dare say, the structure of the fluorographic service does not meet the requirements for screening, mass diagnostic examinations. Under no circumstances should, I believe, fluorography be made a principal participant of the planned antituberculosis campaign. Otherwise we risk losing it. Why? First, the existing system for carrying out mass prophylactic examinations is impracticable. Second, even after it is corrected, it will be effective only if all of the structures of the anti-tuberculosis service are changed concurrently. If we take into account that some of the serious sources of tuberculosis are places of incarceration. If we take into account pharmaceutical shortages. If we don't forget about the appearance of a new class in this country, persons of mixed address [bomzhi]. And about many other factors. It is these in particular which make the activation of tuberculosis possible.

To make today's mass fluorographic examinations with coverage the main prop in the campaign against tuberculosis means, in our opinion, throwing wide the gates of our life to tuberculosis.

Well, then what shall we do with fluorography? Completely excluded from the campaign methods? Not at all. Just the opposite. We must make use of the quite abundant polyclinic network of fluorographic machines and the organizational structure of this service. But, to eliminate as much as possible all of today's RnegativesS relating to fluorography, its efficiency must be increased. And this means that it is literally necessary to combine fluorography as a part of

roentgenology with it in all respects. And not so formalistically as today. Freeing the office physicians from worrying about RcoverageS is the job of the directors of the organizational-methodological divisions of the dispensaries. In the process, the mere description of those disastrous one-plate fluorograms of the lungs must not fall within the duties of the fluorographic office physicians. Today they cannot remain simply picture-takers. We should think seriously about increasing the size of the fluorographic frame to 100 mm. Our experience tells us that the resolving capacity of fluorography in general is sharply increased in the process.

And if one is to think seriously about a new approach, then it is also necessary to switch over in practical public health to digital fluorography. The leading firms that are manufacturing apparatuses for radiological diagnosis are now moving precisely in that direction. In that case, incidentally, the accusations of the threat of radiation burdens on the patient will no longer be valid.

But this is for the future; at the moment, first and foremost, it is necessary to shift to differentiated fluorographic diagnostic examinations of tuberculosis risk groups; the contemporary approach to their formation should be taken as their basis. This is also important in connection with calls for the prohibition of fluorography altogether because of radiation burdens on the population.

Our proposals are not the fruit of theoretical reflections, but the product of many years of experience of the M. F. Vladimirsky Moscow Oblast Clinical Scientific Research Institute [MONIKI] in carrying out the differentiated comprehensive fluorographic diagnostic examination of risk groups for a number of the principal pulmonary diseases, including tuberculosis. Our data attest to the effectiveness of this approach, such as, for example, in differentiated fluorography among detected cases of pulmonary tuberculosis (and there are no small number of them), the majority of the patients had undergone preliminary fluorographic examination through the existing system and the so-called prophylactic fluorography, under which tuberculosis had not been detected.

All the considerations presented in this article flow from many years of experience of exclusively professional dealings with patients ill with various lung diseases, including tuberculosis. Perhaps our public health organizers will also discover what is useful in them. Although I can very well imagine that the reaction to today's printed word will be very insubstantial.

From the editors. Lev Markovich Portnoy, Doctor of Medical Sciences, Professor, Head of the Roentgenological Department of the M. F. Vladimirsky Moscow Oblast Clinical Scientific Research Institute.

Tuberculosis Widespread in Yakutia

94WE0056C Moscow *RABOCHAYA TRIBUNA*
in Russian 9 Jul 93 p 3

[Article by correspondent Vladimir Androsenko: "Forgotten Diseases Are Returning With Poverty"]

[Text] Cases of people dying from long-forgotten tubercular meningitis were noted in Yakutia in 1992. Other forms of diseases that had fallen into oblivion have grown in frequency as well—tuberculosis of bones, joints and lymph nodes, while the overall infection rate of the population by Koch's tubercular bacillus is reaching a once unprecedented value—70-80 percent.

The disease is selective: It strikes mainly the poor. Its widespread occurrence in the North is explained by the fact that the overwhelming part of the local population has begun eating much more poorly. Weakened by low-calorie food and avitaminosis, the body is unable to resist infection.

Typhoid in Volgodonsk

94WE0021B Moscow TRUD in Russian 25 Aug 93 p 1

[Article by I. Nevinnaya: "Typhoid Rages in Volgodonsk But Specialists See No Grounds for Special Alarm"]

[Text] According to data from the State Committee on Civil Defense, Emergency Situations, and Recovery From Natural Disasters [GKChS], the number of persons hospitalized for typhoid in Volgodonsk in the Rostov Oblast has reached 286. As TRUD already wrote several days ago, this dangerous disease began spreading because of trouble in the local water supply system. As of today, the diagnosis has already been confirmed in 179 persons.

Yesterday an interdepartmental meeting on the problems of infectious diseases and the epidemic situation in Russia convened under the chairmanship of G. Filatov, deputy chairman of the GKChS. Representatives of the RF State Committee for Sanitary-Epidemiological Oversight and Ministry of Health took part in the meeting. Increases in the frequency of cases of typhoid, cholera, diphtheria, and other dangerous infections on Russian territory were noted. The following were cited as the main reasons: poor-quality untreated water, contaminated foodstuffs, and infected tourists traveling into the country.

Preventive measures and measures to eliminate those foci of disease that have already developed, including in Volgodonsk, were discussed. As were were informed at the GKChS press center, however, "the meeting participants expressed their certainty that the current situation in Russia regarding infectious diseases is not threat." Any commentary is, as they say, unnecessary.

Typhoid Outbreak in Volgodonsk

93WE0542C Moscow TRUD in Russian Aug 93 p 1

[Article by Aleksandr Klimov]

[Text] We have been informed by the Russian Federation State Committee for Sanitary-Epidemiological Oversight that as a result of numerous accidents in the water supply system in the town of Volgodonsk (Rostov oblast), a number of people were infected with typhoid fever. One hundred fifty-three persons were hospitalized in Volgodonsk treatment facilities. The diagnosis was confirmed in 51 persons while the others are suspected of having typhoid fever. The diagnosis is confirmed in 17 of the

hospitalized children. Today, antiepidemic measures are being taken by experts from the Oblast Sanitary-Epidemiological Oversight Center and the town's infection service. A team from Russia's Information Analysis Center left for Volgodonsk. During the first six months of this year, 315 cases of typhoid fever were recorded in Russia whereas the number during the same period in 1992 was 200.

Increase of Syphilis in Omsk

93WE0542L Moscow NEZAVISIMAYA GAZETA in Russian Aug 93 p 6

[Article by Post Factum]

[Text] Compared to 1992, the incidence of syphilis in Omsk during the first six months of 1993 increased by 2.3 times while compared to 1990—by 15.6 times. Moreover, while in 1992 syphilis was not recorded at all among adolescents and young students, six such cases have been recorded to date. The unemployed citizens have the highest incidence of syphilis—55%—followed by the workers in garment manufacturing, textile, and food processing industries with 12.%, and persons with previous convictions are in third place with 9.9%. The number of people who contracted gonorrhea in Omsk has increased by 27% compared to 1992.

Infectious Diseases in Juvenile Institutions

94WE0085C Moscow ROSSIYSKIYE VESTI in Russian 19 Aug 93 p 4

[Article by Boris Kippel: "Chicken-Pox Behind Barbed Wire"]

[Text] The reader will of course be amazed: What sort of medical phenomenon is this, has a classical children's disease really grown older. No, the problem is not the aging of nursery-school chicken-pox, but that the "contingent behind barbed wire" has gotten younger. This didn't happen overnight, by the way. It was not just yesterday that the juvenile detention and distribution centers were created, where police stand guard over youngsters from 3 to 18 years old behind high walls and barbed wire. This is simply the sign of our troubled, unhappy times, when gunfire is heard on your own street, when your father is taken hostage, when a youngster is tempted with lots of money, and an 8-year-old girl is made to lie down for sex—these days, life is increasingly more strained in juvenile detention centers, and the stories of their lodgers are becoming ever more bitter.

In the one I visited, young Muscovites, their neighbors from the capital's oblast, and youngsters from adjacent countries are serving their standard 30-day sentences. Up to 50 young runaways, criminals and prostitutes are delivered daily. Here they undergo a unique kind of sorting: Some are returned home, while others are sent to correction facilities when their guilt is established.

What typifies this unfortunate contingent today? First of all, its rising numbers. In previous years the number brought in daily was half of what it is now. If the flow doesn't lessen, the center workers assert that it will be

impossible to deal with it. All the more so because the children's collective has to undergo quarantine. There are those with chicken-pox, as mentioned above, those with German measles, and those with hepatitis. No quarantine is imposed here on venereal diseases. Practically one out of every two young boys or girls has gonorrhea. They "love" this disease, and they try to catch it on purpose, so that while en route to the venereal disease hospital many of them could escape from the ambulances. They also flee from the hospital—it isn't kept under guard, after all.

Who are these children, these inhabitants of the juvenile detention center, these unfortunate youngsters, our hope for the future, lousy and plagued by scabies, brought in from train stations, and caught in basements and attics?

The main group, from 7 to 11 years of age, consists of "travelers." There are children from 3 to 18 years of age who have left home for various reasons. An unsettled home life, perpetual drunkenness of parents, and now more rarely a child's longing to see the world, compel the children to abandon the hearth and set off on a distant journey of tens and even hundreds of kilometers, without money or clothing. They travel chiefly in trains, on baggage shelves or in vestibules. As they travel their long road, people give them food and money. But when all of this ends, they begin to steal. In train stations the guests to the capital come together into juvenile gangs, which then disrobe and rob other adolescents, and sometimes even adults, if they are drunk. Fourteen-year-old Sasha rode in from the Urals. A man at the train station asked him: "Do you want to earn some money? You can sell beer." And so a new "station" life begins. Money, lots of it. The children steal from passers-by and divide the loot among themselves. And when there's extra money, you can drink, and you can spend some time with the young girls in the station—there are many of them here, and they're cheap.

Station girls are 14-16 years old for the most part, but recently 12-year-olds are encountered more often as well.

The station life of an adolescent doesn't last long—the police catch the children and send them to the detention and distribution center. Here they are bathed, deloused, fed and sent for treatment. In 6 months the center housed 2,812 persons; 1,582 of these children were returned to their parents. To those who hadn't had their parental rights taken away from them. To those who could be located. In recent months many children have been arriving from zones of conflict. It is becoming increasingly more difficult to send them back home. Inquiries take a long time, and often without success. The center's associates work on the basis of personal contacts—after all, prior to the USSR's disintegration they had worked in this system for several years, and so old ties and acquaintances help to solve the problems. The question is, how much longer will this system work? In the Baltic states, in Georgia and in Chechen, there is a unique attitude toward children from the detention center. An Estonian or Georgian child will be picked up quickly, while a Russian one is not, because, they say, its parents are part of an occupying force.

The children go around here in pairs. To lunch, and for exercise, under the escort of police. As I looked at these pairs under convoy, I experienced pain and shame. Days go by, but the pain and the shame do not pass.

Venereal Disease Surges in Ulan Ude

94WE0067A Moscow *RABOCHAYA TRIBUNA*,
in Russian 27 Apr 93 p 4

[Article by ITAR-TASS, under the title: Syphilization Overtakes Civilization]

[Text] The number of dermatovenerologic illnesses is increasing in Ulan Ude. As compared with last year, the number of those ill with syphilis increased ten-fold, and with gonorrhea, by twenty per cent.

According to the data of the dermatovenerologic dispensary, the majority of the patients are nonworking individuals and students up to thirty years of age. With regard to the primary sources of infection, these were, in the opinion of physicians, emigrants from China and the Transcaucasian republics who enter Russia without the appropriate medical records.

Director of the City Health Department, Margarita Khaltava, sees the legalization of prostitution, the opening up of anonymous treatment of venereal diseases, and the creation of a morals police as a possible avenue to the correction of the situation. She spoke at a meeting of the Minor Council of People's Deputies of Ulan Ude regarding the idea of opening a brothel in the capital of Buratiya.

ARMENIA

Armenia Plans Cholera Prevention

94WE0066F Moscow *NEZAVISIMAYA GAZETA*
in Russian 7 Aug 93 p 3

[Article: "Cholera Bacillus Detected in Yerevan: Cholera Already Rampant in Other CIS States"]

[Text] Ararat Mkrtchyan, Armenia's chief state public health physician and the republic's deputy minister of health, held a press conference on 6 August.

He reported to journalists that the indicators for the dysentery epidemic that began 2 months ago in Goris have declined significantly. In this time 500 cases of this disease were registered. In 6 months of this year 150 brucellosis cases were registered. Last year 700 cases were registered. Ten days ago cholera bacillus was discovered in Shaumyanovskiy Canal, Erebininskiy Rayon, Yerevan.

Last week the republic's epidemiological commission held a meeting in the Ministry of Health. During it a decision was made to stop the cholera epidemic—to create special subdivisions in customs offices for public health inspection. Attention must be turned primarily to large transportation junctions, the airport and the railroad station. There are plans for carrying out preventive measures, and for taking samples to study the condition of water basins. Swimming in open-air water basins was prohibited.

Ararat Mkrtchyan reported that cases of cholera have not yet been registered in Armenia, but such cases do exist in states neighboring on Armenia—Turkey and Iraq. Special attention is to be turned to tourist ties with countries neighboring on Armenia.

The situation is more reassuring in Georgia, where the overall level of infectious diseases does not elicit any apprehensions.

The health ministries of the two countries—Armenia and Georgia—agreed on joint public health inspection.

Ararat Mkrtchyan announced that cases of cholera were recently registered in the territory of the former Union. On 3 August seven cases of cholera were registered in Tajikistan, and on 4 August 15 were registered in Azerbaijan and seven in Dagestan, one of them a fatality. Three cases of cholera were registered in Krasnodar, and two cases in Rostov. Cases of illness were registered in St. Petersburg. In the words of the chief public health physician, foreigners are the source of disease in Krasnodar, Rostov and St. Petersburg.

BELARUS

Cancer Increase in Belarus Children

94WE0025B Moscow *RABOCHAYA TRIBUNA*
in Russian 17 Aug 93 p 2

[Article: "Chernobyl Echo"]

[Text] (ITAR-TASS)—An increase in oncological diseases of the thyroid gland has been observed among the children victimized by the Chernobyl catastrophe in rayons of Byelarus.

An increase in cancerous diseases of the thyroid gland after Chernobyl had been predicted by specialists but for later time periods. In 10 years before the Chernobyl catastrophe, only 7 cases of thyroid cancer were discovered in children. In 1990 alone, 47 such cases were recorded, and 43 cases were recorded in the first half of 1993. The overwhelming majority of cases of disease have occurred in the Gomel Oblast. Ranking second is not the Mogilev Oblast as might be expected, but rather the Brest Oblast.

The village of Olmany in the oblast's Stolin Rayon, which used to be known in Byelarus for its literature thanks to Yakub Kolas's novel "Tryasina" has now become famous for its "radiation." The level of contamination of the soil with cesium in this swamp-surrounded small corner is just 1-5 Ci/km²; however, the coefficient of radionuclide transfer into products grown here is extremely high.

Gastrointestinal tract injury has been noted in many children of the village of Olmany, and the health of 77 children (of the 250 living here) is in such a threatened state that oncological diseases are inevitable in several years for them without preventive medical measures. In 1991 physicians discovered dangerous changes in the digestive systems of 8.1 percent of Olmany's children, whereas today every fourth child has such changes.

Specialists confirm that local residents must either be resettled or completely switched over to products that are shipped in. Indeed, even giving the children here regular trips to Germany, Italy, and summer rest bases in clean rayons to improve their sanitary conditions will not help them because after they return home, their health status will return to its previous level owing to strong irradiation.

Belarus Faces Water Quality Problems

94WE0022E Moscow *IZVESTIYA*, in Russian
25 Aug 93 1st Ed. p 6

[Article by Mikhail Shimanskiy of Izvestiya, under the title: Rumors of an Infectious Epidemic in the Polesye Somewhat Exaggerated]

[Text] There is drinking water crisis in the southern regions of the Belorusan Polesye, where a natural disaster had taken place: it is unfit for consumption. The water in rural wells has been mixed with debris, fertilizers, and herbicides, and it has been contaminated with radionuclides. How can it be drunk?

Some journalists have increasingly been whipping up fear; they have reported that hordes of rats have appeared in the affected regions, and they are carriers of infection. I have talked with the Director of the Brest Oblast Center of Hygiene and Epidemiology, Nikolay Lyakhov. Flooding, he says, of course has complicated the ecological situation, but we foresaw this and prepared ahead of time. The situation is overall under control.

What specifically is being done? Hyperchlorination has been introduced into the water lines in order to prevent outbreaks of mass infectious diseases. Farm-by-farm rounds and special monitoring of wells are regularly being carried out in the rural areas. Analysis of the water is being done regularly. It is being boiled before consumption. If it can be seen as the result of analysis that pesticides have penetrated the wells, the water is pumped out to the point of complete purity. This is heavy work, but the villagers are helping the firefighters.

With regard to the radio-nuclides, in the words of Lyakhov, they are being flushed from the soils, and the rivers of the Polesye are carrying them into the Dnepr; thus nature itself is removing some of the radionuclides remaining after the Chernobyl catastrophe. The hordes of rats, he continues, are a fairy tale. No one has seen them anywhere. Of course, the flooding has driven wild animals and various rodents from their habitats. But, they are not threatening the inhabitants in any case.

Emergency commissions are working in each affected region, the epidemiologist asserts. So far there are no grounds for panic; the number of infectious illnesses in the flooded regions is within the limits of last year's level.

GEORGIA

Dysentery Occurs in Tblisi

93WE0542F Moscow *KOMSOMOLSKAYA PRAVDA*
in Russian Aug 93 p 2

[Article by Dmitriy Pavshentsev]

[Text] The sanitary and epidemiological situation in Tblisi causes serious concern among experts. The city is truly facing a threat of an outbreak of epidemics, says the chief state sanitary physician in the republic.

The first alarm signal was received in March of last year. More than 150 people were affected back then as a result of a dysentery epidemic outbreak. The reason was damage to the water supply network which, when water is supplied to the population on schedule, was responsible for bacteriologically contaminated water entering the water pipeline.

Yet it appears that the city authorities are not particularly concerned about it. The city water supply network which has outlived every permissible life span continues to supply water with an unknown composition to houses in its original incarnation.

The situation is even further aggravated this year due to an acute energy crisis. For months, household garbage is not hauled away from the city, and there is no gasoline. The city hall was forced to appeal to the population to fill the garbage trucks, whenever possible, with their own fuel whose prices have reached record levels—1 l of gasoline fetched \$1.20.

And until the fuel problem is solved, the epidemiological situation has a potential to get out of control any moment.

KAZAKHSTAN

First AIDS Death in Kazakhstan Reported

93WE0520C Moscow SELSKAYA ZHIZN in Russian
21 Jul 93 p 6

[Article by Fedor Ignatov: "The First Victim"]

[Text] The first AIDS patient has died in Kazakhstan. It turned out to be a woman from Taldy-Korgan Oblast. Her husband is from Rostov Oblast. For this reason, in the opinion of physicians, the possibility cannot be ruled out that this terrible disease was brought in from a neighboring foreign country.

Murat Saparbek, deputy director general of the republic's Center for AIDS Control, informed us that teams of physicians have been sent to Taldy-Korgan Oblast to carry out preventive measures, since this is already the second case of HIV infection noted in the region.

In all, however, we are informed by the newspaper KARAVAN there are 19 registered HIV carriers in Kazakhstan. Three of them are homosexuals and two are preschool children. Nine AIDS patients are foreign students who have been deported from this republic.

Bubonic Plague Death Reported in Kazakhstan

93WE0542A Moscow TRUD in Russian Jul 93 p 1

[Article by Oleg Kvyatkovskiy, Kazakhstan]

[Text] Dozens of physicians together with hundreds of experts from the most diverse fields in four Kazakhstan oblasts have completed a vast complex of preventive measures necessitated by the death of a three-year-old girl from cutaneous bubonic plague.

The child fell ill after visiting her shepherd grandfather in the prairies. She was transported to the village of Shalkar in Aktyubinsk oblast in a packed passenger train, and in principle, dozens of people could have been infected... The girl who could not be diagnosed at the time died in the rayon hospital. And the physicians, having finally comprehended that they were dealing with plague, sounded alarm throughout the entire southern Kazakhstan.

As a result, thousands of animals, primarily camels who, along with rodents, dogs, and cats, are capable of being vectors of this very dangerous disease were examined. One and a half thousand people were vaccinated and about a hundred of them hospitalized for preventive treatment. The south of Aktyubinsk oblast and the footsteps of the Urals are regarded in Kazakhstan as potential sources of plague. For example, in the Aralsk rayon, this disease has been regularly recorded for several years in a row. But in Aktyubinsk oblast, plague has not been seen for a long time...

Anti-Cholera Measures Taken in Kazakhstan

94WE0016K Moscow RABOCHAYA TRIBUNA in Russian 15 Sep 93 p 4

[Article by Yuriy Kirinitsyanov, RABOCHAYA TRIBUNA correspondent: "Cholera Arrived by Aircraft"]

[Text] When the aircraft came in for a landing with its lights flashing, the earth became silent in alarm as the "ambulance" flashed its blinkers. Much was known about the imminent arrival; however, much also remained to be explained... The main thing was that the city was ready for this menacing danger.

All of the flight crew and stewardesses of the Kazakh Civil Aviation Administration had been warned. At the slightest suspicion (and they had the symptoms listed in a special administration directive), each was obliged to quickly report to "the authorities." On this Karachi-Almata flight, several stewardesses immediately noticed that something was wrong. More than 50 passengers "besieged" the restroom...

Almata's best communicable disease specialists gathered at the airport. All the necessary analyses were performed there. The passengers (mainly "shuttle" passengers dragging trunks with imported pieces around the entire world) were agitated by the delay but agreed to be examined. They rejected the suggestion of a dangerous disease with dignity. In one voice they stated that they had eaten tainted chicken. This "unfortunate bird of yesterday" turned out to be fatal for 15 persons. Analyses revealed that cholera was indeed in the city. Addresses and phone numbers were taken from all of them. But their thirst for profit turned out to be stronger than their fear for their relatives and close friends and, ultimately, for their own lives. Many addresses turned out to be made up. The flight's passengers were sought through the Department of Visas and Registration of Foreign Citizens [OVIR], the passport desk, and their relatives and acquaintances. And only after 3 days were the "ones who had broken away" quarantined. All of the passengers were hospitalized except for one. The

Pavlodarsk militia is on his trail. The rest are accepting treatment. Just like their "contacts"—their acquaintances and relatives—they have been placed in a special isolation unit. And a hospital with the necessary subdepartments has been set up for the patients in Almata.

An emergency government commission meets twice daily to clarify the scale of the problem and take measures to keep the infection from spreading. The problem is that among the passengers were many residents of neighboring oblasts. One was detained in Ufa and another in Omsk.

At first, the physicians tried to act independently. But when the "businessmen" began refusing hospitalization, they were forced to seek the militia's assistance. And one patient was "caught" three times. The hospital is now carefully guarded.

At the time, Kazakhstan's government declared a state of emergency in the republic's capital. It lasted another 10 days after the last patient was discovered. The city was surrounded by militia posts, cordons, and barricades. It did not end without deaths. There were cases where tomatoes that summer residents had brought from their own garden plots were shaken out of trunks. The Central Market was closed for 2 days. Street trade was banned, and questionable soft drinks were dumped.

To a certain degree, the cholera did not develop by accident. It developed primarily because Kazakhstan, having declared its sovereignty, slammed its doors and windows to the world at large and did not care about what was beyond its threshold—not just electronics and pantyhose but also an "easily accessible" infection. When setting up economic and cultural ties, the authorities simply forgot about their main obligation—to protect their people's health. There are heaps of rubbish two steps from the presidential palace.

What is most, if you please, deplorable is that the legal aspects of the problem have been left absolutely not worked out. I asked A. Kurmangaliyeva, deputy chief public health physician of the Republic of Kazakhstan, whether the government intends to lodge a claim against Pakistan. It turns out that this question was not even considered.

Kazakhstan Mosquito Control Program

94WE0025D Moscow ROSSIYSKIYE VESTI
in Russian 19 Aug 93 p 6

[Article by Vladimir Ardayev, IZVESTIYA correspondent: "\$100,000 To Fight Mosquitoes"]

[Text] Alma-Ata—Sendlek Shaukhamanov, head of the Kzyl-Ordinsk Oblast Administration, has decided to allocate \$100,000 to destroy mosquitoes.

These insects have become a real calamity not only in the oblast but also in the oblast center itself, where they do just dandy in chronically inundated homes. The oblast administration has decided to purchase the preparation Butax in France and put an end to the infinity of mosquitoes.

KYRGYZSTAN

Mandatory AIDS Testing Enforced at Kyrgyz-Chinese Border

93WE0520F Moscow ROSSIYA in Russian No 22,
1 Jun 93 p 2

[Article by IMA Press: "Customs Duty Is not the Most Terrible Thing"]

[Text] An AIDS testing laboratory has been opened on the Kyrgyz-Chinese border. No one is allowed to cross the border without a paper certifying that the HIV test is negative.

Brucellosis Cases Triple in Kyrgyzstan

94WE0056E Bishkek SLOVO KYRGYZSTANA
in Russian 2 Feb 93 p 1

[Article by correspondent M. Khamidov: "Infection Gathers a Generous Harvest"]

[Text] The incidence of brucellosis among people nearly tripled in recent years in Osh Oblast. Three hundred sixty-four cases of infection by this extremely serious ailment, which often leads to disability, were registered last year. The especially dangerous infection is gathering its terrible harvest in Alayskiy, Chon-Alayskiy, Uzgenskiy, Kara-Kuldzhinskiy and Kara-Suyskiy rayons. The economic damages from brucellosis have exceeded 2 million rubles. Over 10,000 man-days have been lost.

The main cause of the misfortune is poor shepherding practices. Attention to public health and veterinary measures recently dropped abruptly. Moreover the veterinary service is experiencing the most acute shortage of everything. According to data from specialists of the oblast epidemiological station, the availability of individual equipment protecting against brucellosis infection and of detergents and disinfectants to livestock breeders barely covers 30 percent of the need.

Ten annual salaries (one-time assistance) plus the monthly salary—such is the amount of the pension paid to a shepherd deemed to be group 1 disabled. But wouldn't it be better to spend this money to eliminate the cause of the misfortune—to improve the condition of the herd and upgrade the quality of the sector's management?

Kyrgyz Health Minister Denies Cholera Reports

94WE0016M Moscow TRUD in Russian 18 Sep 93 p 2

[Unattributed article: "Cholera Not in Kyrgyzstan"]

[Text] Denying reports in some of the mass media regarding the appearance of cases of cholera in Kyrgyzstan, the republic's health minister yesterday announced that it is not a reality.

LATVIA

European Governments Hold AIDS Meeting in Riga

94WE0024E Moscow IZVESTIYA in Russian 7 Apr 93
p 6

[Article by Irina Litvinova and Svetlana Tutorskaya, IZVESTIYA correspondents: "There Is Still No AIDS Epidemic in East Europe. Can It Be Avoided?"; first paragraph is boldface IZVESTIYA introduction]

[Text] According to the most restrained World Health Organization forecasts, if prevention is not significantly intensified, at least 30-40 million men, women, and children throughout the entire planet will be infected with HIV by the year 2000.

At a Riga meeting of health and finance ministers from 35 European countries that was organized by the European regional office of the World Health Organization, the latest statistics regarding development of the AIDS epidemic in the region were made public.

Among the East European countries, Romania heads the sad list of number of recorded cases per 100,000 population. Following after it are Yugoslavia, Poland, Hungary, a number of countries, and only then the Russian Federation. Not long ago, our specialists in communicable diseases even expressed cautious optimism regarding the slow development of events.

"In Southern Asia," said Michael Merson, director of the World Health Organization's global program for fighting AIDS, "the pandemic is now proceeding at the same swift paces as in Africa at the end of the 1970s. A half million inhabitants of Asia are now infected. And 6 years ago the number of those known to be infected was in the single digits. This happened largely because of the naive assumption that people in Asia are immune to AIDS. If all possible measures are not taken now, a tragedy may play out in Central and East European."

On the basis of other countries' experience, a silent, hidden epidemic initially proceeds for about 10 years. Then comes an overt epidemic, where infections and patients are recorded every hour of every day. It has been emphasized that if resources are not invested in preventing HIV infection now, the subsequent swift development of events will be simply impossible to manage. As Luxemburg's Minister of Health has put it, "Pay now or pay later."

Specialists from the World Bank participated in the meeting, which was called "Investments in Health Protection." They are now working out a decision regarding how much money to invest in preventing HIV infection.

Doctor Antonio Campos, the World Bank's chief specialist in health care investment, stated, "Expenditures to prevent AIDS are not at all unprofitable. On the contrary, they are among the most profitable types of capital investments that the world community can make. The point is that on this very day, the epidemic is incapacitating the young and most capable members of society. According to today's estimates, direct health care costs in connection

with AIDS in 1992 totaled \$5 billion throughout the world. If the indirect costs of the epidemic are taken into account, that figure must be multiplied by 10. And that still does not include the economic losses."

The future largely depends on today's efforts. In development of the epidemic, East European is lagging 5-6 years. And it is especially important that this time be used effectively because the economies of most countries in the region are not in the best condition. What kind of resources must be invested in preventing an epidemic in Central and East European? About \$248 million is needed to provide the public with condoms and market them. The costs of treating patients amount to about \$151 million. Measures regarding "sex industry" workers and their clients will cost about \$48 million. Public health education in schools will cost a bit less, about \$46 million. Among other items of expenditure, the following should be noted: preventing in-hospital infection (\$25 million); running a mass media campaign (\$15 million); guaranteeing the safety of blood and blood products; preventing infection among drug addicts, and developing national programs. These are approximate figures.

Participating in the meeting were the Baltic countries, Russia, and virtually all other states of the CIS—Ukraine, Byelarus, Tajikistan, Kazakhstan, Uzbekistan, and Kyrgyzstan. Ilona Kikbush [transliteration], a department director of the World Health Organization, said that for the first time, physicians and financial experts were discussing the problems of AIDS together. This was dictated by the very logic of life: In keeping society healthy, the medical community is far from the sole and main player.

Experts from Switzerland and England talked about their interesting experience. There is a very strong preconceived opinion that it is impossible to affect anything connected with sexual bias. Switzerland's experience says otherwise. As a result of an active campaign, 60 percent of the country's young people use condoms (only one third of that amount did previously). The campaign in the Swiss mass media was run under the slogan: Be faithful to your partner or to a condom. There is a popular picture postcard where a condom is, please forgive me, in place of the sun.

Perhaps this material will seem frivolous to someone. The life of several generations is at risk, however. It is therefore necessary to have open and frank talks with children and youths, so that this is not interpreted as bawdiness.

There is the opinion that early teaching of knowledge about sex life education in schools will push children to very early sex. On the contrary, in reality, children and adolescents with whom sex has been seriously discussed are in no hurry to begin swimming in the "sea of love." Among children who have been prepared, there is a decrease in the number of adolescent pregnancies and in the number of HIV infections. Who knows, perhaps, the infected child who drew himself and wrote "I'm infected... Hug me, I am not dangerous!" may have been born that

way out of someone's fear of explaining the consequences of unsafe sex...The drawing has become a popular banner in many countries.

The meeting participants erected a small column on one of Riga's streets. It was made of stones with the names of people from different countries who have died of AIDS. A stone commemorating the event was also laid alongside the Domskiy Cathedral.

The following reminder was sounded again and again in the speeches of the delegates from the different countries: No one form of sexual behavior should be considered criminal. Not one of those persons infected or ill should be subjected to ostracism and discrimination.

The meeting participants approved a document entitled the "Riga Initiative." It is a call for active action and a program of special measures to prevent an AIDS epidemic in Central and East European in 1993-1996. The document pays serious attention to protecting the dignity of infected and ill persons, adhering to the principles of physicians' ethics, and complete confidentiality of tests and treatment.

TAJIKISTAN

Cholera Appears in Tajikistan

94WE0016 Dushanbe NARODNAYA GAZETA
in Russian 24 Jul 93 p 1

[Article by O. Sobolev]

[Text] Cholera has been carried to us in Tajikistan from neighboring Afghanistan, where an epidemic of this dangerous disease has been raging for more than 2 months. As of today, 14 cases of an acute form of cholera and 2 carriers of the vibrio have been recorded in the Pyandzh rayon near the border. As was reported in the main sanitary-epidemiological administration of the Republic of Tajikistan Ministry of Health, all possible measures to localize the trouble are being taken. A medical team consisting of specialists—specialists in communicable diseases, epidemiologists, and bacteriologists—was immediately created and began working, and three special laboratories were set up.

The Pyandzh rayon was announced closed: The shipment of agricultural products in and out of the rayon was banned, and it was recommended that water from open sources not be used even though they were disinfected. Measures were taken to transport pure drinking water from wells to the population. Physicians are taking a full system of antiepidemic measures. Persons suffering from or suspected of suffering from cholera are actively being sought and hospitalized. The entire population of the rayon is being examined. But there is an acute shortage of medicines and medical equipment.

Tajikistan's grave socioeconomic condition is now becoming increasingly more complicated. In view of this fact, the republic's Ministry of Health has turned to international organizations—the World Health Organization, UNICEF, and Physicians Without Borders—with a

request for emergency aid. Walter van Empelen, coordinator of the group Physicians Without Borders, has already responded that the necessary antibiotics and other means of fighting cholera will be sent to Tajikistan from Brussels on Sunday 24 July.

In the specialists' opinion, there is still a threat that cholera will be carried from Afghanistan into other southern rayons of the Republic of Tajikistan, whose borders are constantly being violated by mojahedin and members of the Tajik opposition, in whose camps different infections are widespread. In addition, these days the return of more than 6,000 Tajik refugees through Termez and about 4,000 in the Nizhniy Pyandzh rayon is anticipated. There is no guarantee that these people who are to return to several southern rayons of their native republic are not carriers of infection. Beyond this stands the menacing threat of a cholera outbreak in other regions at any distance.

Cholera in Tajikistan Contained

94WE0016B Moscow IZVESTIYA in Russian
13 Aug 93 p 2

[Article by Andrey Bayduzhiy: "Lethal Infection Has Reached Moscow: For First Time in Recent Years Cholera Not Brought in From Abroad"]

[Text] "Russia continues to remain in an extremely tense epidemiological situation with respect to quarantine and especially dangerous infectious diseases," announced Anatoliy Monisov, Russia's deputy chief public health physician at yesterday's press conference at the Russian Federation State Committee for Sanitary-Epidemiological Oversight. "Above all, this applies to the situation that has developed this year with respect to cholera morbidity."

For fairness' sake, it must be said that cases in which this disease has been discovered in Russian territory have been noted before. They were all, however, attributed to the disease being carried in from abroad. The biggest cholera outbreak occurred in 1990 at one of the tourist hotels in the Stavropolsk kray, where 49 persons took ill and were immediately hospitalized as a result of contact with infected arrivals from Siberia. In the past 2 years, the infection was brought in to our country from Indochina: In 1991, two such cases occurred, and in 1992 there were already five. The situation has continued to worsen this year. In July-August alone, 17 patients and carriers of the vibrio linked to cholera being carried in from India, Pakistan, and Turkey have been recorded in Makhachkala, Nizhniy Novgorod, Krasnodar, and Naberezhnyye Chelny.

Although physicians have somehow become accustomed to cholera imported from abroad, the occurrence of "local" foci of cholera on Russian territory has not been seen since the end of the 1970s and has become an unpleasant novelty for them. Nevertheless, the absence of patients did not, in the specialists' opinion, mean that cholera was completely over within the country. Vibrios have been isolated from open water reservoirs in many regions, including in Moscow, even in the best years.

The storm finally hit this summer. A fisherman who drank untreated water from the local canal became ill and died in Kaspiysk (Dagestan). The disease was also discovered in his wife. At the republic hospital in Makhachkala, a 4-month-old child has been found who contracted the disease elsewhere.

A second case of cholera caused by local sources has already occurred in Moscow. Here on 8 August, a vagrant suffering from cholera was brought to the No. 2 Clinical Infection Hospital. Yet another person from those with whom he socialized turned out to be a carrier of the disease's causative agent. If one considers that there are generally 10 carriers of the cholera vibrio for one patient, it is entirely possible that he may not be the last. Physicians continue to actively seek all those who had been in contact with the patient.

State Epidemiologists Report on Cholera Incidence

94WE0016C Moscow NEZAVISIMAYA GAZETA in Russian 14 Aug 93 p 1

[Article by Lyubov Latypova, journalist: "Cholera Exists But One Must Pay for Information About It"; first paragraph is boldface NEZAVISIMAYA GAZETA introduction]

[Text] Alamkhon Akhmedov, health minister of the Republic of Tajikistan, acknowledged that a variety of cholera has indeed been discovered in several dozen cases in the Pyandzh and Kolkhozabad rayons. As a member of the World Health Organization [WHO], he informed WHO headquarters of this fact in a telegram and asked for assistance.

The focus is completely localized at the present time. Cholera is not yet in the Kolkhozabad rayon, and a team of 100 persons including experienced bacteriologists from Russia are working in the Pyandzh rayon. The minister announced that as far as physicians from remote foreign lands are concerned, their presence at the focus of the epidemic is not necessary and they will not be let in. As far as the cause of the two lethal outcomes is concerned, it is impossible to say precisely whether they were due to cholera or some other serious diseases from which those who died suffered. There are no grounds for panic, and rumors regarding the cause of the appearance of cases of cholera in Dushanbe are unfounded.

However, the telegram from the minister to the WHO headquarters in Copenhagen was sent on the very day that his deputy Anatoliy Kopyltsov stated in IZVESTIYA that there is no cholera in Tajikistan. How is this to be understood? In response to this question, Akhmedov said that exciting panic in the republic on this score would serve no purpose.

I myself can add one curious detail. Before giving even this incomplete information, the deputy minister demanded that we reach an agreement to pay him. As arguments he said the following. First, he had already been on his feet for 12 hours and is not obliged to waste his time talking to a journalist. Second, information is a commodity that is

worth money. Third, he has already sold information to the BBC at a dollar a paragraph. All of this would have looked like an unfortunate joke had the discussion not taken much more time than the actual information itself.

UKRAINE

Statistics Released From Ukrainian AIDS Center *94WE0056D Moscow TRUD in Russian 21 Apr 93 p 3*

[Article: "More and More AIDS Patients"]

[Text] According to data of the Ukrainian AIDS Prevention and Control Center 303 HIV carriers have been discovered in Ukraine, including 191 foreigners and 112 Ukrainian citizens.

Fifteen of the HIV carriers are children. Nine of them were infected by their mothers, one was infected during transfusion of blood containing immunodeficiency virus, and five were infected during medical procedures.

Twelve persons have fallen ill with AIDS, to include five children. Nine persons have died—four children and five adults.

Virus carriers were detected in 21 out of 24 Ukrainian oblasts, in the Crimea, and in Kiev and Sevastopol. The most unfavorable situation has evolved in Odessa Oblast (43 cases of HIV infection), Donetsk Oblast (9), Dnepropetrovsk and Kharkov oblasts (6 each), Transcarpathian Oblast (5), and in Kiev (18) according to an IF [not further identified] report.

Ukraine AIDS Official Comments On Spread of AIDS

94WE0024B Moscow DELOVOY MIR in Russian 25 May 93 p 6

[Article by Gennadiy Matsuka, academician and chairman, Ukraine National Committee for the Fight Against AIDS, Kiev, under the "Your Health" rubric: "AIDS Spares No One"; first paragraph is boldface DELOVOY MIR introduction]

[Text] In September of last year, the National Committee for the Fight Against AIDS was formed under Ukraine's president, and this April in Riga Ukraine signed a document called the "Riga Initiative" that is a program of actions and special measures to limit the epidemic in Central and Eastern Europe in 1993-1996.

As of 1 April 1992, 311 cases of AIDS had been recorded in Ukraine; 120 Ukraine citizens and 191 foreigners were infected. From 1987 through 1992, the number of ill foreigners increased steadily, and the number of ill fellow countrymen increased.

According to data from World Health Organization experts, last year there were already 14 million carriers of the AIDS virus and 1.5 million AIDS patient throughout the world.

In Asia, the pandemic is now proceeding at the same swift pace as in Africa at the end of the 1970s: cases numbering in the single digits were known 6 years ago, whereas now

there are already half a million. This is largely because of the naive certainty that people there have immunity to AIDS. Similar conversations have been heard regarding our people, whose genotype has, they say, been hardened by life's abrupt changes. Hoping this is naive to say the least. There is no Ukrainian immunity against AIDS—it is a misfortune of all humankind. Quite to the contrary, the accident at the Chernobyl Nuclear Power Plant and significant environmental pollution have made Ukrainians more vulnerable to diseases, including AIDS.

The only reasonable way out is AIDS prevention.

A national AIDS prevention program has been developed and is already being implemented in Ukraine. The Ministry of Health has created a network of diagnostic laboratories where 5-6 million persons come yearly for check-ups. Unfortunately, no test system is produced in Ukraine. In the near future, the national committee plans to create joint ventures for their production. There is Ukraine's president's decision to create an AIDS Institute. A special scientific program, i.e., a social order to Ukraine scientists to develop drugs to treat AIDS or at least alleviate its clinical course, must be developed. This means the creation of drugs based on domestic processes and raw materials.

According to data from sociological studies, 6 percent of physicians surveyed consider it necessary to isolate infected persons, and 69 percent vindicate their families' refusal to accept them. Many patients have no place to go after the hospital. They cannot get a job. We asked the Ministry of Social Welfare to organize special residences in Odessa and Kiev. The problem must be solved by civilized methods. This was already discussed, moreover, at the Riga meeting. It is not the AIDS patient who should be fought but rather the disease, and without forgetting human rights.

All of this creates a great deal of difficulty. It is bad enough that we still do not have our own test system or enough disposable syringes. There are no quality instruments for transfusing blood or performing other medical manipulations. We must purchase all this, including reagents, from abroad, and until recently, they even levied large taxes on anti-AIDS developments at the border, which is completely absurd.

For this, we need 13.8 million karbovantsy [the Ukrainian name for rubles]; however, only 8.3 billion have yet to be allocated from the budget. The national committee's board has decided to continue priority financing of scientific developments, propaganda, means and methods for protection against infection, production and use of disposable instruments, and purchase of diagnostica.

Of course, there is not enough money. Foreign exchange is especially needed. I appeal to businesspersons and those who understand the importance and severity of the problem and ask for sponsor contributions. Our future and the future of our children depends on this.

Account of the National Committee for the Fight Against AIDS: 122713 in the Pecherskiy Branch, UKRSOTS-BANK, g. Kiev, MFO 322090. Foreign exchange account: 4219070604, UKREKSIMBANK, Ukraine (Kiev, Kreshchatik, 8), MFO 332313.

Contact telephone numbers: (044) 224-19-74, 221-65-39.

Ukraine: AIDS Literature Criticized

94WE0024A Kiev VECHERNIY KIEV in Russian
15 May 93 p 1

[Article by Olga Kostenko under the rubric "They Have Lived Out Their Days!" and under the epigraph "Wake Up!—Kozma Prutkov": "He Who Sleeps With His Co-workers Will Inevitably Catch AIDS!"; first paragraph is boldface VECHERNIY KIEV introduction]

[Text] If you diligently use condoms and do not indulge in injections by others' syringes, that does not mean that you will keep your body that has already been weakened by chemicals, radiation, and the spring weather from the AIDS that had perfidiously sneaked in from the West. I, for example, recently got hold of a color booklet published by the Republic Health Center of the RSFSR Ministry of Health (?) [question mark as published] "The AIDS Problem and Your Workplace," and I understood that ignoring haunts of vice will not save us from this foreign disease: The main danger is waylaying us everyday at ... work.

The booklet clearly specifies that there are only four ways of transmitting the AIDS virus. So you only need to limit yourself in a few ways. In summary, at work you must not do the following: engage in sexual contacts with an infected person (and indeed, there are so many healthy people around!); use needles and syringes together with HIV carriers—have some pride and bring personal ones; transfuse infected blood; and have children if you are already infected with AIDS. Adhere to the above norms and your safety is guaranteed. AIDS, while close by, will not sneak into the sterile workplace.

All of this would be funny if it were not so sad. The valuable scientific material of a doctor of medical sciences has been clothed in such a strange form that one wants to respond to the publishers with some large-scale work of the type "AIDS and the Absolute Blanks of History," "AIDS and Actions During a Fire," and "AIDS and the Causes of the Transport Workers Strike"...

Possibly, only my sense of humor has atrophied, and the other 50,000 readers (that is the number of copies of the brochure printed) will obtain something useful for themselves. They will, for example, find out that fear of the illness passes when knowledge emerges. I don't know about others, but in my case, the fear emerged anyway: Somehow it has become frightening to go to work—Will I suddenly fail to take some path of infection into account?

And I was given this "little booklet" in the Central Palace of Children and Youth. This type of "literature" was also generously dispersed alongside a drugstore. And children hid the bright little papers in their schoolbags. And then

what? School will be over soon, and I carry it to work. And there AIDS comes out and rages.

Diphtheria Threatens Zhitomir

94WE0015A Kiev *SILSKI VISTI* in Ukrainian 1 Jul 93
p 1

[Article by S. Skorobogatko]

[Text] An extremely threatening situation with diphtheria has formed in the city of Zhitomir. Several cases of the illness have been recorded in the city. The City Executive Committee Commission on Emergency Situations has asked the population to urgently undergo prophylactic vaccination, and first of all to vaccinate the children.

Diphtheria Cases Arise in Ukraine

94WE0023A Moscow *KOMMERSANT-DAILY*
in Russian No 75, 23 Apr 93 p 14

[Unattributed article; boldface as published]

[Text] An outbreak of diphtheria has been established in Ukraine. As of today, 521 cases of the disease have been noted. In the opinion of epidemiologists, the current growth in the number of patients is directly linked to the unjustifiable sensation over diphtheria vaccine that occurred several years ago. Because parents refused to have their children vaccinated, the rising generation's immunity against a number of diseases, including diphtheria, is extremely low.

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